

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: June 15, 2021 [] Consent [] Regular [] Ordinance [X] Public Hearing

Department: Department of Public Safety Submitted By: Department of Public Safety Submitted For: Division of Emergency Management

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

A) approve the following Secondary Service Provider Emergency Medical Service (EMS) Certificates of Public Convenience and Necessity (COPCNs) for the period July 1, 2021 through June 30, 2027 that met the EMS Ordinance application requirements, recommended by the EMS Advisory Council, and met the need for the proposed service in the request area:

- 1. Atlantic/Palm Beach Ambulance, Inc. d/b/a American Medical Response (AMR) - Service area to include all of Palm Beach County.
2. Medics Ambulance Service, Inc. (Medics) - Service area to include all of Palm Beach County.
3. Health Care District of Palm Beach County (HCDPBC) (with conditions) - Service area is limited to HCDPBC patients needing transports from Lakeside Medical Center to other HCDPBC facilities and specialized treatment centers and HCDPBC patients needing transports to and from the JFK North Addiction Stabilization Unit within Palm Beach County.
4. MCT Express, Inc. d/b/a All County Ambulance (All County Ambulance) - Service area to include all of Palm Beach County.

B) deny the following Secondary Service Provider EMS COPCN for the period July 1, 2021 through June 30, 2027, based on an evaluation of countywide EMS services, the applications, and data and information collected, and the recommendations of the EMS Advisory Council:

- 1. Century Ambulance Service, Inc.

C) deny the following Secondary Service Provider EMS COPCNs for the period July 1, 2021 through June 30, 2027, based on an evaluation of countywide EMS services, the applications, and data and information collected, the recommendations of the EMS Advisory Council, and that the EMS Ordinance application requirements were not met:

- 1. National Health Transport, Inc.
2. Rapid Response Medical Transportation, LLC

Summary: Continued on page three.

Background and Policy Issues: Continued on page three.

Attachments:

- 1) Presentation
2) EMS Advisory Council Recommendation
3) Administrator's Summary Report to Council (May 12, 2021)
4) COPCNs

Recommended By: [Signature] Department Director Date: 6/7/21
Approved By: [Signature] Deputy County Administrator Date: 6/9/21

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>
Personal Services	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
Capital Expenditures	_____	_____	_____	_____	_____
External Revenues	(3,500)	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
Net Fiscal Impact	(3,500)	_____	_____	_____	_____

ADDITIONAL FTE

POSITIONS (Cumulative)	0	0	0	0	0
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Is Item Included In Current Budget? Yes _____ No _____
 Does this item include the use of federal funds? Yes _____ No _____
 Budget Account Exp No: Fund ___ Dept. ___ Unit Obj. ___ Prog. ___
 Rev No: Fund 0001 Dept. 660 Unit 7175 Rev. 2900 Prog. ___

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 A \$500 application fee per provider was collected.

C. Departmental Fiscal Review: [Signature]

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

[Signature] 6/21/21
 OFMB 6/7/21 LM
 6/7

[Signature] 6/8/21
 Contract Dev. And Control
 6-8-21 TW

B. Legal Sufficiency:

[Signature] 6/8/2021
 Assistant County Attorney

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.

Summary - Continued from page one:

In accordance with Palm Beach County Code, Chapter 13, Article II, EMS Ordinance, any agency desiring to provide secondary Advanced Life Support (ALS) transport services and ALS/Basic Life Support (BLS) Inter-facility transport services must submit an application to the County and meet the requirements for issuance of a COPCN. Applications for secondary provider COPCNs are issued every six (6) years for a six-year term. Since 2000, AMR and Medics (owned by the same parent company) have been the recipient of the secondary provider COPCNs in Palm Beach County, which expire June 30, 2021. Seven (7) applications for secondary provider COPCNs were received. The EMS Ordinance Administrator's responsibilities include reviewing the applications for compliance with the EMS Ordinance application requirements, consideration of the need for the proposed service in the requested area, and preparing a report with recommendations for the EMS Advisory Council (Council). Consideration of the need for the proposed services was primarily based on data collected from the current service providers for a 2-year period, survey information, and additional research performed. The initial Administrator's report included the following: **1)** Approval of secondary provider COPCNs to AMR, Medics, and the HCDPBC (with conditions); and **2)** Denial of secondary provider COPCNs to All County Ambulance, Century Ambulance Service, Inc., National Health Transport, Inc., and Rapid Response Medical Transportation LLC for not finding convincing evidence there was a need for the proposed service offered. Furthermore, National Health Transport, Inc. and Rapid Response Medical Transportation, LLC failed to meet the EMS Ordinance application requirements which also supports denial of their applications. The Administrator's report with the recommendations on all applications was subsequently submitted to the Council for their review and recommendations. On May 13, 2021, the Council reviewed the Administrator's report on all seven (7) applications and heard oral presentations from each company, with the exception of Rapid Response Medical Transportation, Inc. Out of the 17 Council members voting, the Council voted to recommend approval of four (4) secondary provider COPCN applications to the Board of County Commissioners with the votes as follows:

1. AMR (17 - yes, 0 - no)
2. Medics (17 - yes, 0 - no)
3. HCDPBC (17 - yes, 0 - no)
4. All County Ambulance (10 - yes, 7 - no)

The Council voted to recommend denial of three (3) secondary provider COPCN applications to the BCC with the votes as follows:

1. Century Ambulance Service, Inc. (8 - yes, 9 - no),
2. National Health Transport, Inc. (1 - yes, 16 - no)
3. Rapid Response Medical Transportation LLC (0 - yes, 17 - no)

At the EMS Council meeting, several Council members from the hospitals expressed concerns regarding delayed response times from the current providers. Therefore, the Administrator held discussions with the several hospital Chief Executive Officers (CEOs) on the EMS Council who represent all hospitals who are the primary users of the service to gain a better understanding of the issues as well as conducted further research. Based on the additional data gathered along with supporting arguments by the hospital CEO's on the need for additional providers, the Administrator supports the Council's recommendation of approving the four (4) secondary provider COPCN applications and denying three (3) secondary provider COPCN applications as referenced in the motion and title of this agenda item. **Countywide** (SB)

Background and Policy Issues: For the past 20 years, AMR and Medics have been the sole recipient of the secondary COPCNs in Palm Beach County providing secondary ALS transport and ALS/BLS inter-facility transport services which expire June 30, 2021. The EMS Ordinance establishes the requirements for the issuance of a six (6) year COPCN. All EMS agencies wishing to operate EMS in the County must apply every six (6) years to obtain a COPCN.

Emergency Medical Services Secondary COPCN Applications

PRESENTED BY:

STEPHANIE SEJNOHA, DIRECTOR PUBLIC SAFETY

MARY BLAKENEY, DIRECTOR EMERGENCY MANAGEMENT

LYNETTE SCHURTER, EMERGENCY MEDICAL SERVICES SPECIALIST



Agenda

Secondary Service Provider COPCN Application Process

Survey and Findings

Current Secondary COPCN Service Provider Data

Secondary COPCN Service Provider Applicants

Administrator's Summary Report and Recommendations

Hospital Response and Additional Data Gathering

EMS Council Recommendation



Background

FL Statute Ch. 401.25 authorizes the County to issue COPCNs.

COPCN - a certificate deeming it to be in the public convenience and necessity for an Emergency Medical Provider to operate within confines of the County.

PBC EMS Ordinance provides standards for issuing COPCNs in accordance with State guidelines.

EMS Ordinance outlines requirements for the application.



Secondary Service Provider

Provide secondary ALS transport and ALS/BLS inter-facility transport services.

ALS Transports – higher level of medical monitoring.

BLS Transports – lesser level of medical monitoring.

Applications for Secondary Provider COPCN's are issued every six years for a six year term.

Current Secondary Provider COPCN's expire on June 30, 2021.

AMR (American Medical Response)

Medics Ambulance Service



COPCN Application Timeline

March 12 - 22 – Public notice of the application.

April 1 - 8 – Acceptance of applications

April 9 – May 11 – Application review and research.

May 12 – Administrator's Summary Report with recommendation to EMS Council.

May 13 – EMS Council meeting requesting a recommendation on the applications that will be provided to the BCC on June 15, 2021.

June 15 – BCC approval of Secondary COPCN(s)



EMS Program Administrator's Responsibilities

Review the applications and obtain verification applicant meets requirements of all federal, state, and local laws.

No outstanding complaints against existing providers.

Consideration of need for the proposed service.

Prepare and present a report with recommendation for the EMS Council's review.

Request EMS Council recommendation on the applications to be provided to Board of County Commissioners (BCC).

Schedule public hearing with BCC to consider Administrator's report and the recommendation of the EMS Council.



EMS Advisory Council

Created in 1973 by the Board of County Commissioners

Provides recommendations for improving EMS in PBC.

Consists of 20 members

- (1) Fire Chief's Association of PBC, FL
- (1) Emergency Room Nurses Forum
- (1) Private Ambulance Provider
- (1) PBC Health Care District – Trauma District
- (1) PBC Emergency Medical Services Providers
- (1) Economic Council of PBC
- (1) Emergency Room Physician
- (1) EMS Educator
- (7) Consumers – All Commission Districts
- (1) PBC EMS Medical Directors Association
- (1) PBC Council of Firefighters/Paramedics
- (3) Hospital CEO



EMS Council Responsibilities

Reviewed the Administrator's report of all applications.

Received oral presentations from each applicant.

Asked questions after EMS Administrator's report and applicants oral presentations.

Final vote was held by EMS Council members to approve or deny each applicant.

Board of County Commissioners Meeting

Notice of Public Hearing was published ten (10) days prior to June 15, 2021.

All applicants were notified they could attend the BCC Public Hearing to provide public comment for 3 minutes.

EMS Program Administrator provides a summary report with the recommendations of the EMS Council and any relevant documentation.

BCC will approve or deny each application on June 15, 2021.



2020 Survey - Users of Secondary Provider Services

DETAILS INCLUDED IN SUPPLEMENTAL PACKAGE



Survey Audience

260 Assisted Living Facilities and Nursing Homes

258 email contacts (some agencies use one email for multiple locations)

15 Hospitals

45 email contacts (included 3 contacts for each hospital)

Survey period December 14, 2020 through January 15, 2021.

Total of 60 responses



Survey Findings

Do you want more private ambulance providers?

60% (34) – No

40% (23) – Yes

Are needs being met?

54% (30) – Sometimes*

46% (24) – Always

4% (2) – Never*

*Of the 30 that responded their needs were sometimes met and 2 never met, when asked if they want more providers, 11 did not want more providers.

Do you want to replace your current provider with a different provider?

72% (38) - Unlikely

28% (15) - Likely (Explanations were to add providers to existing)

Average private ambulance response times for January 2020

50% (12) – within 15 minute

50% (12) – over 15 minutes



Survey Findings Cont.

Based on the initial survey findings, the majority of users:

Do not want more ambulance providers

Some needs may not always be met, but still do not want to replace or have more ambulance providers.

Survey response explanations for needs not being met use the term Non Emergency Medical Transports (NEMTs) which is not ALS/BLS transports. AMR and Medics provide NEMT services but are not regulated under the EMS Ordinance.



Current Secondary Service Providers Data

AMR AND MEDICS

DETAILS INCLUDED IN SUPPLEMENTAL PACKAGE



Current Providers Data Results

AMR mainly showed a 90% compliance rate over 2 years for inter-facility transfers with the exception of the period of the pandemic.

Medics mainly showed a 91% compliance rate over 2 years for inter-facility transfers with the exception of the period of the pandemic.

55% of requests from the facilities, the patient was not ready for transport within 30 minutes of AMR arrival and AMR had to wait.

53% of requests from the facilities, the patient was not ready for transport within 30 minutes of Medics arrival and Medics had to wait.



Secondary COPCN Applicants

Atlantic/Palm Beach Ambulance, Inc. d/b/a American Medical Response (AMR)

Century Ambulance Service, Inc.

Health Care District of Palm Beach County

MCT Express, Inc. d/b/a All County Ambulance

Medics Ambulance Service, Inc. (Medics)

National Health Transport, Inc.

Rapid Response Medical Transportation, Inc.



Application Criteria & EMS Ordinance Requirements

1. Statement of public need and services to be covered.
2. Copy of current State Emergency Medical Services (EMS) license(s) and/or current COPCN, if any.
3. Agency vehicles
4. Personnel roster.
5. Certificate of Insurance
6. Florida licensed physician Medical Director (MD) Executed agreement.
7. MD letter stating agency adopted min. standard, pre-hospital treatment/transport protocols.
8. Letter from MD stating agency has adopted the countywide Trauma Transport Protocols.
9. Proposed rate structure.
10. Audited Financial Statements
11. Summary history of applicant's ALS or BLS emergency services performance record.
12. Disclosure of litigation involving patient care.
13. Federal/state/local agency vehicle & staff inspections past 6 years.
14. Formal quality assurance system.
15. Emergency Medical Dispatch (EMD) program or an agreement for appropriated EMS service.
16. MOU with Palm Beach County for radio communications.
17. Letter from CEO or Fire Chief that agency met federal/state/local requirements on delivery of EMS.
18. Management Plan: a) Employee and Driver training programs, b) Complaint handing system, c) System for handling accidents and/or injuries, d) Vehicle maintenance system.
19. Minimum of three (3) letters of reference (to include one hospital) .
20. Benchmark Response Times. Provide data for previous six months of transports (Form A).
21. Non-refundable application Fee



Applicant	Statement of Public Need	Service area to be covered
AMR	No public need statement provided.	Countywide
Century Ambulance Service	There is an overutilization of EMS resources due to lack of non-emergency ambulance providers which represents a costly expense to the community and unnecessary burden to the EMS community. Demonstrated deficiencies in existing services by interpreting the PBC survey of existing users of secondary service providers.	Countywide
Health Care District of PBC	Belle Glade response times take up to 4 hours. Provided graph from 2018 to 2021 showing number of transports, average response times and the anticipated future response times will be reduced to zero with HCD providing transportation services to their own patients.	Limited to HCD Patients Only
MCT Express, Inc. d/b/a All County Ambulance	The established population growth trends, input from other area healthcare providers and information garnered from various meetings clearly demonstrates and supports a sound public policy justification for the issuance of a COPCN to MCT dba All County Ambulance as an additional EMS provider in PBC.	Countywide
Medics	No public need statement provided.	Countywide
National Health Transport, Inc.	Palm Beach County needs more non-emergency ambulance providers that have proven track records of great service, great benefits, and diversity not only in the ownership but the ranks of management and staff.”	Countywide
Rapid Response Medical Transportation	NHT indicated they conducted an independent survey of various hospitals, ALF's, and nursing homes in PBC on the need for additional providers. Based on their results they claim the users provided detailed incidents where the ability to call another provider was needed. Survey results were not provided during the application time period.	Countywide
No public need statement provided.	Countywide	

Applicant	Staff	Equipment for PBC	Cost	Avg. RT* (6 months)
AMR	106 - PBC	33 ALS 8 BLS 4 ALS non-transport	BLS Base Rate \$450.00 ALS Base Rate \$550.00 SCT Base Rate \$800.00 Oxygen \$30.00 Mileage (per mile) \$10.50 Wait time per ¼ hour \$25.00 Airport Fee \$25.00	86% -14,960 runs
Century Ambulance Service	325 - total staff	5 ALS 5 BLS - Purchase more if needed	ALS Non-Emergency \$474.10 ALS Emergent \$580.30 ALS Emergent 2 \$878.40 Loaded ground mileage \$10.80 BLS Non-Emergent \$328.30 BLS-Emergent \$492.30 SCT \$977.30	95% -3,041 runs
Health Care District of PBC	3 - PBC	3 ALS/BLS - dual purpose	BLS \$450.00 ALS \$550.00 SCT \$800.00 Oxygen \$30.00 Mileage \$10.00	N/A
MCT Express, Inc. d/b/a All County Ambulance	309 - total staff	6 ALS 6 BLS	BLS Non-emergency \$305.16 BLS Urgent Response \$468.65 ALS Non-emergency \$562.85 ALS Urgent Response \$678.16 ALS \$807.39 SCT \$889.81 Mileage \$10.79 Bariatric \$100.00	90% -8,096 runs
Medics	91 - PBC	2 ALS 20 BLS	BLS Base Rate \$450.00 ALS Base Rate \$550.00 SCT Base Rate \$800.00 Oxygen \$30.00 Mileage (per mile) \$10.50 Wait time per ¼ hour \$25.00 Airport Fee \$25.00	88% -9,076 runs
National Health Transport, Inc.	112 - total staff	4 ALS 9 BLS	BLS Base \$338.10 ALS Base \$488.30 ALS II Base \$878.40 SCT Base \$900.00 Oxygen \$50.90 Mileage \$11.10 Waiting time/hour: -ALS -\$188.80 / BLS \$169.10	90% - 6,750 runs
Rapid Response Medical Transportation	17 - total staff	6 vehicles would be purchased for PBC	BLS Emergent \$450 BLS Non-emergent \$350 ALS Emergent \$525 ALS Non-emergent \$425 ALS 2 \$750 SCT \$850 Mileage \$12.25/mile Ambulatory \$30 Wheelchair \$50 Non-Medical Stretcher \$80 Bariatric \$190 Non-med \$3.75/ mile Wait time \$55/hr	No data provided

*Average response time (RT) is for the period July 2020 - December 2020 for routine scheduled calls at requesting facilities.



Applicant	Years of Experience (ALS and/or BLS)	State License
AMR	N/A	Highlands, Martin, Okeechobee, Palm Beach
Century Ambulance Service, Inc.	20 years	Baker, Bay, Bradford, Broward Clay, Columbia, Duval, Flagler, Madison, Nassau, Putnam, St. Johns, Suwanee
Health Care District of PBC	31 years *Air ambulance service (Trauma Hawk)	None
MCT Express, Inc. d/b/a All County Ambulance	20 years	Miami Dade, Broward, Monroe*
Medics	N/A	Palm Beach County
National Health Transport, Inc.	10 years	Monroe, Martin, Miami-Dade, Broward
Rapid Response Medical Transportation, Inc.	2 yrs. 4 months	Glades, Hendry, Monroe



Compliance with EMS Ordinance Application Requirements

	1	2	3	4	5	6	7	8	9	10
AMR	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Century Ambulance Service	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health Care District of PBC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MCT Express, Inc. d/b/a All County Ambulance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medics	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
National Health Transport, Inc.	✓	✓	✓		✓	✓	✓	✓	✓	✓
Rapid Response Medical Transportation	✓	✓	✓			✓	✓			✓



Administrator's Initial Report

Administrator's review included consideration of the need for the proposed service in the requested area.

With the exception of AMR and Medics, all applicants proposed service described supplementing the County's current service provider

HCD's proposed service would be limited to inter-facility transports of only HCD patients.

Based on the initial survey findings, the majority of users:

- Do not want more ambulance providers.

- Needs were sometimes met, but still do not want to replace or have more ambulance providers.

- Some users indicated delayed response times, however did not provide data to support their response.

Data provided by the current providers mainly showed a 90% and 91% compliance rate over 2 years with the exception of the period of the pandemic.



Administrator's Initial Recommendations to EMS Council

Approval of Secondary COPCNs to the following applicants:

AMR

Medics

Health Care District of PBC (with conditions)

Denial of Secondary COPCNs to the following applicants due to not finding convincing evidence there was a need for the proposed service offered:

Century Ambulance Service, Inc.

MCT Express, Inc. d/b/a All County Ambulance

National Health Transport, Inc.*

Rapid Response Medical Transportation, LLC*

*National Health Transport and Rapid Response Medical failed to meet the application requirements outlined in the EMS Ordinance which also supports denial of their applications.



Hospital Feedback

Hospital CEO EMS Council members expressed concerns on behalf of the majority of PBC's 15 hospitals on delayed response times and the need for more providers.

When comparing users of private ambulance services by type, there are 15 hospitals versus 260 total ALF/NH.

Of the 15 hospitals that were sent the survey, 60% (9) wanted more providers.

60% of total private ambulance transports are provided to hospitals.

All 15 hospitals were asked again to provide response time data and 5 hospitals provided data.



5 Hospitals Response Time Data

Boca Raton Regional	1/2021	489	76%	24%
WPB Veteran Affairs	1/2020	19	47%	53%
JFK North, JFK South, Palms West	1/2021 – 4/2021	117*	54%	46%

*A random sample of 117 was taken from 1,709 total transports and 63 of the 117 were late.



Hospital Feedback

AMR and Medics provides excellent customer service and staff are friendly and pleasant.

Additional providers would drive competition.

Having only 1 provider does not allow options for other availability.

Constant delays effect hospital throughput.

Needing more than 1 ambulance provider is just like needing more than 1 hospital.

With a growing population and healthcare system demands, an additional provider is needed for the next 6 years.

Request for transports are provided an original ETA, however many times given an updated ETA for a later time.

Current providers are not able to meet the demands of the initial requested time for transport which is different than the final agreed upon ETA.

Hospital databases are not set up to fundamentally track private ambulance response times.

EMS Council Votes

AMR	17	0
Medics	17	0
Health Care District of PBC	17	0
MCT Express, Inc. dba All County Ambulance	10	7
Century Ambulance Service, Inc.	8	9
National Health Transport, Inc.	1	16
Rapid Response Medical Transportation, LLC	0	17



EMS Council Recommendation

Approval of Secondary COPCNs to the following applicants:

AMR

Medics

MCT Express, Inc. d/b/a All County Ambulance

Health Care District of PBC (with conditions)

Denial of Secondary COPCNs to the following applicants:

Century Ambulance Service, Inc.

National Health Transport, Inc.

Rapid Response Medical Transportation, Inc.

***EMS Program Administrator supports the EMS Council's Recommendation**



SUPPLEMENTAL PACKAGE

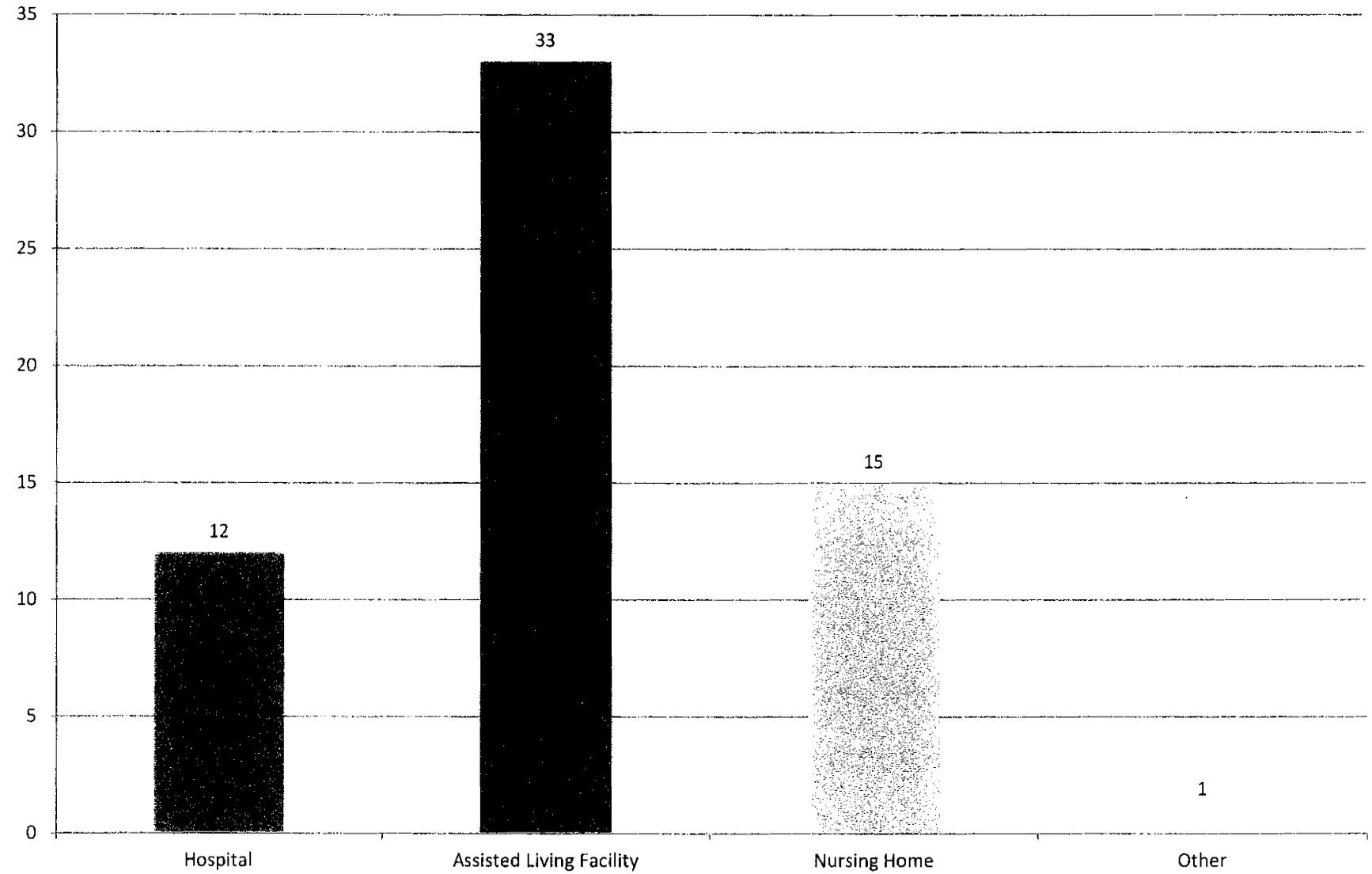
SURVEY - USERS OF SECONDARY PROVIDER SERVICES
CURRENT SECONDARY SERVICE PROVIDER DATA



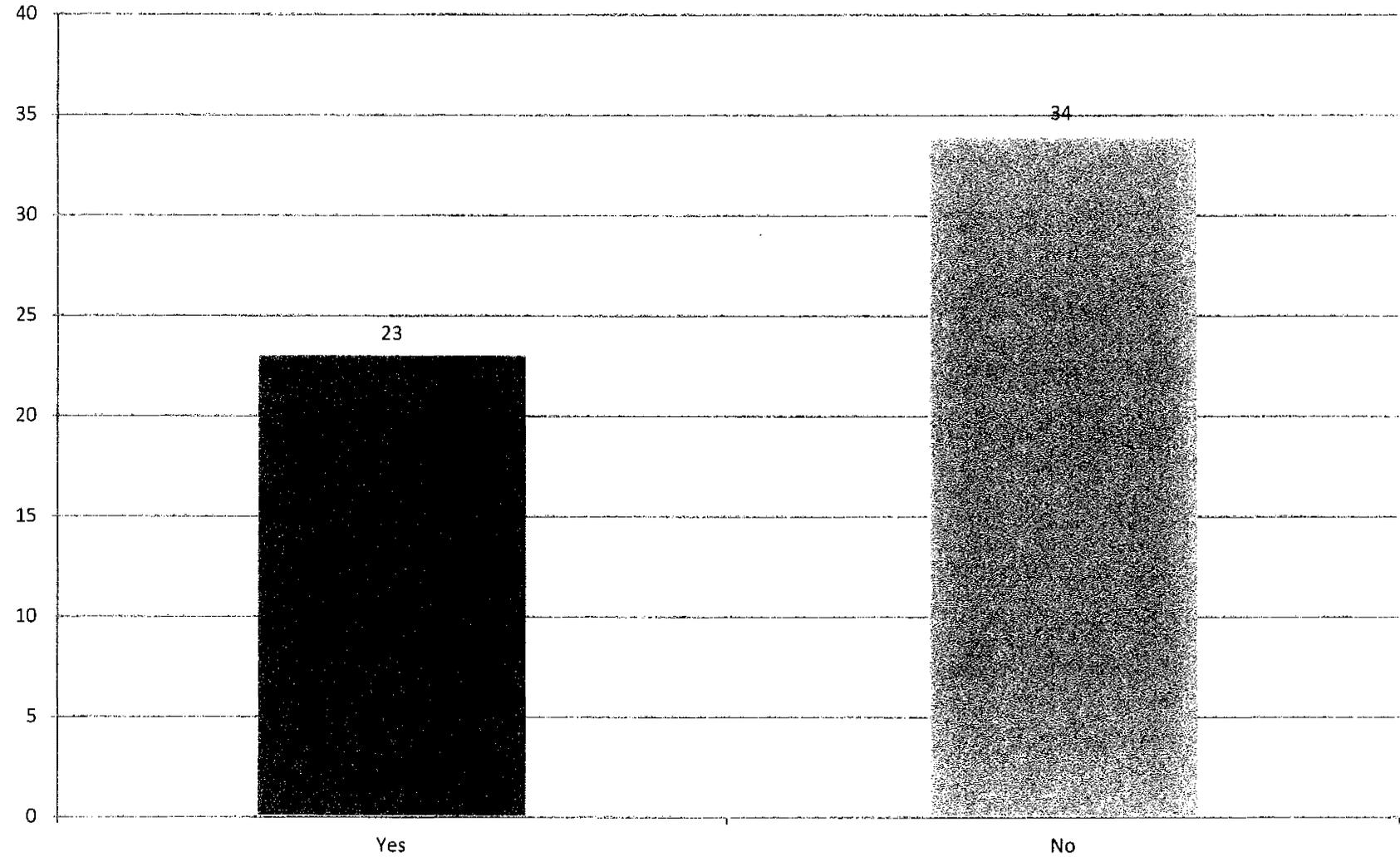
2020 Survey - Users of Secondary Provider Services



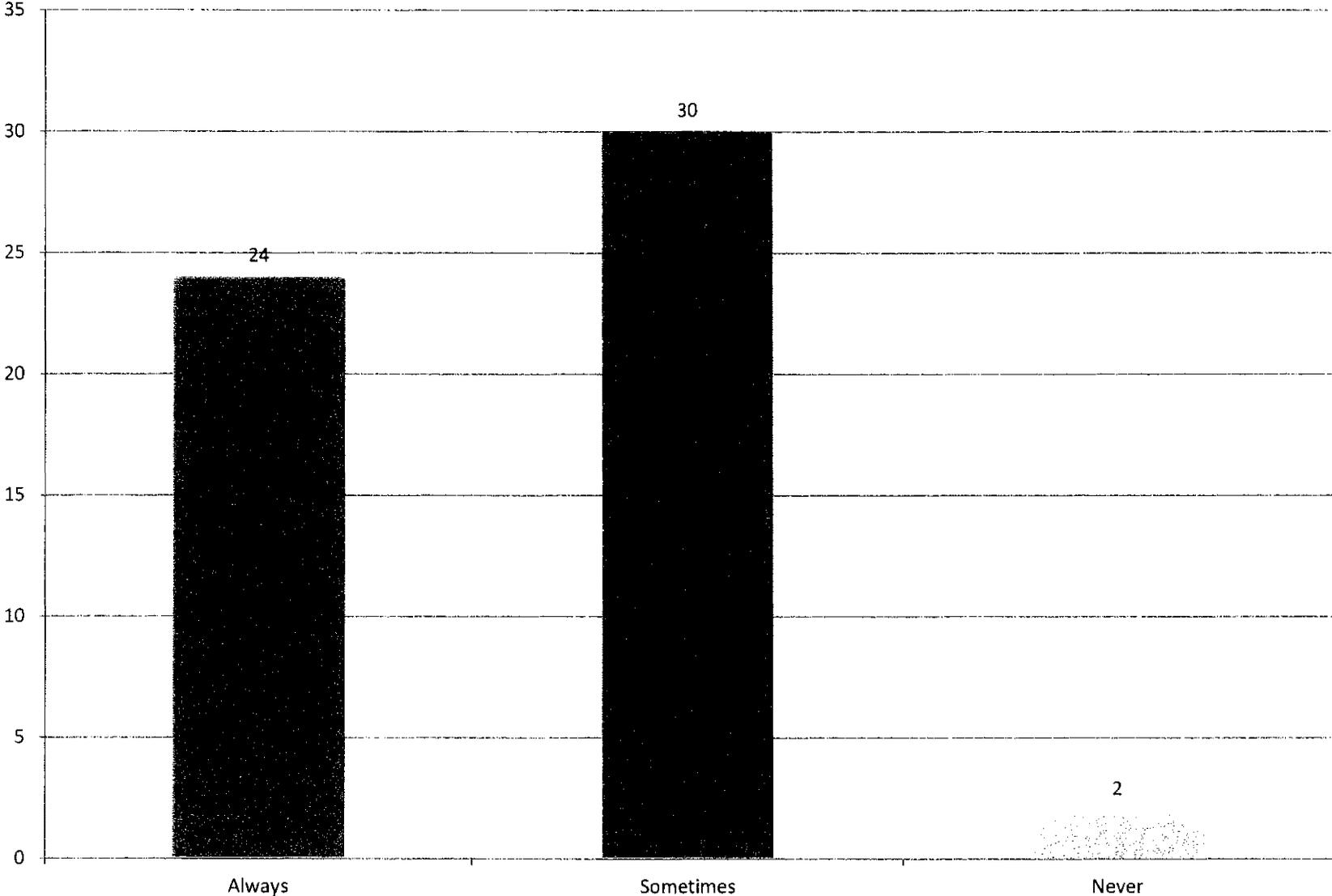
Type of facility



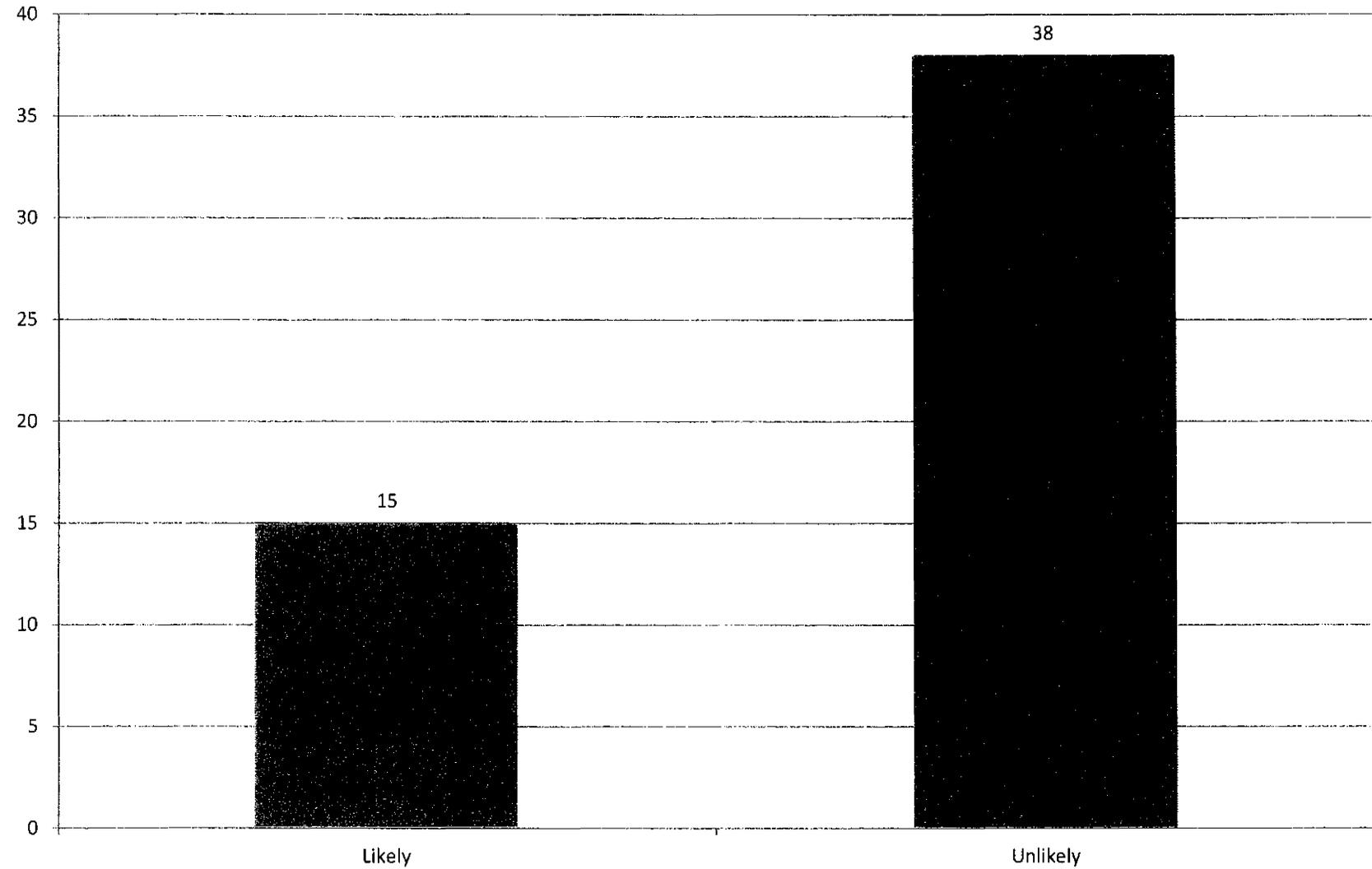
When you think about the services provided, does there need to be more ambulance providers?



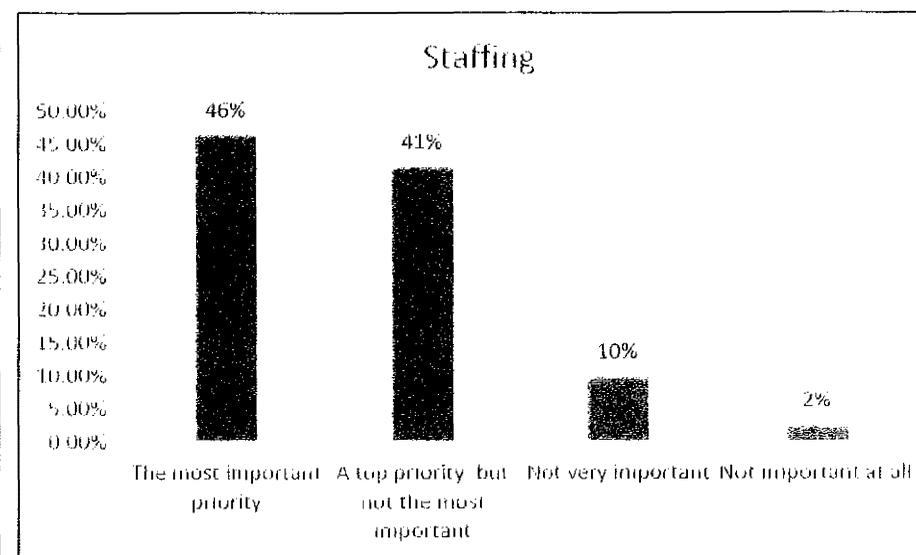
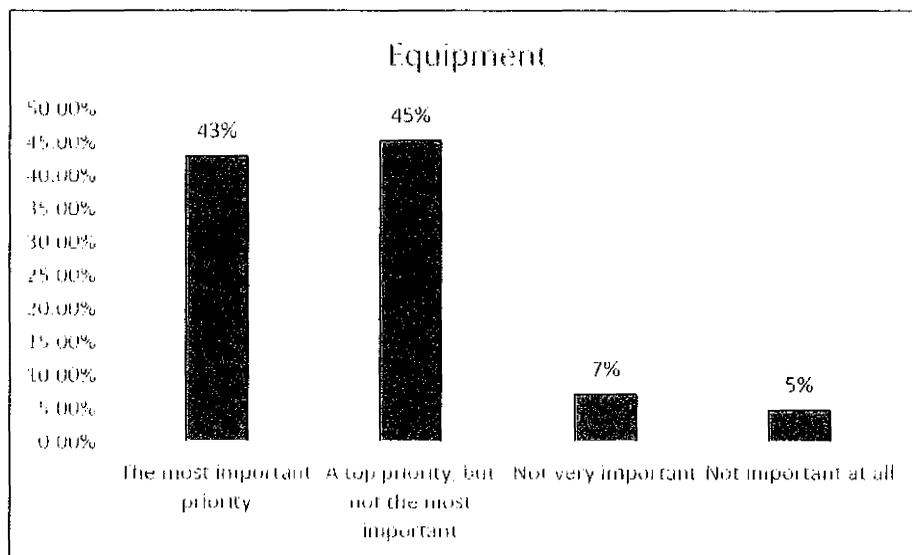
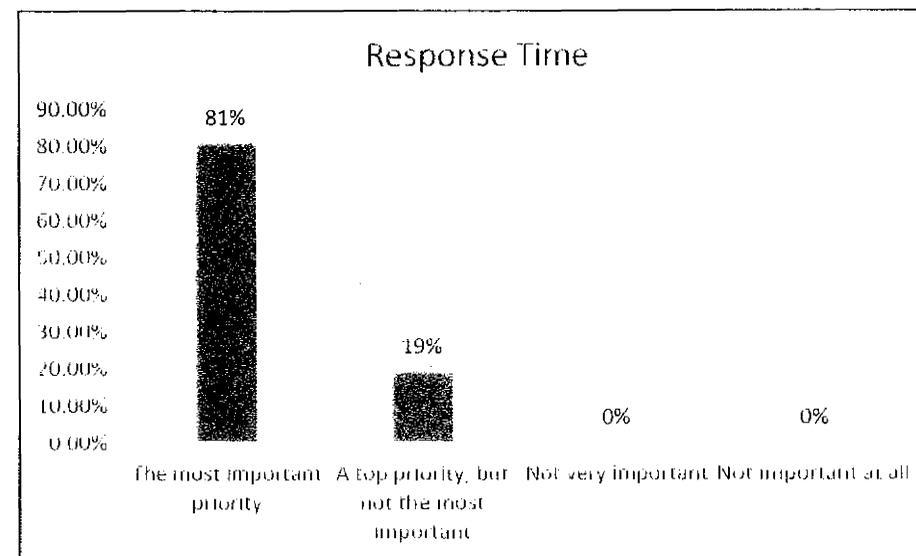
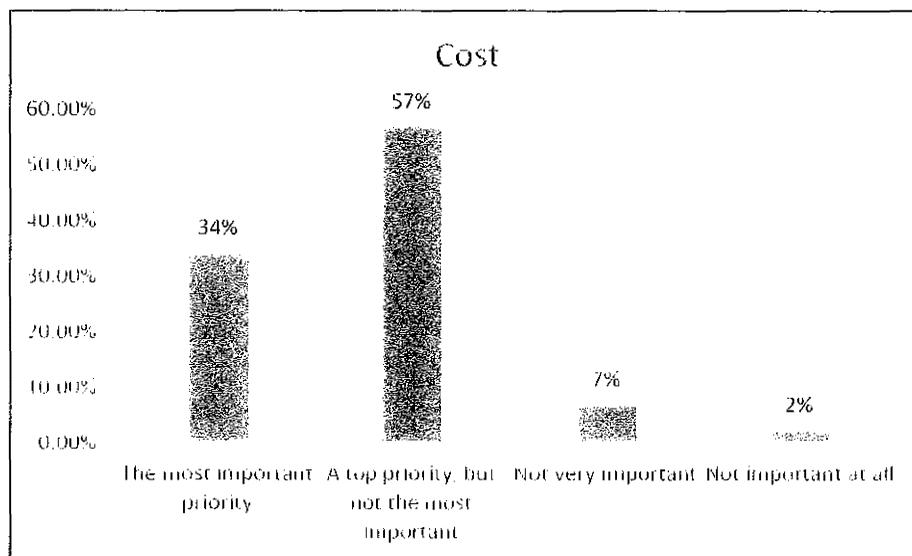
Are your private ambulance needs being met?



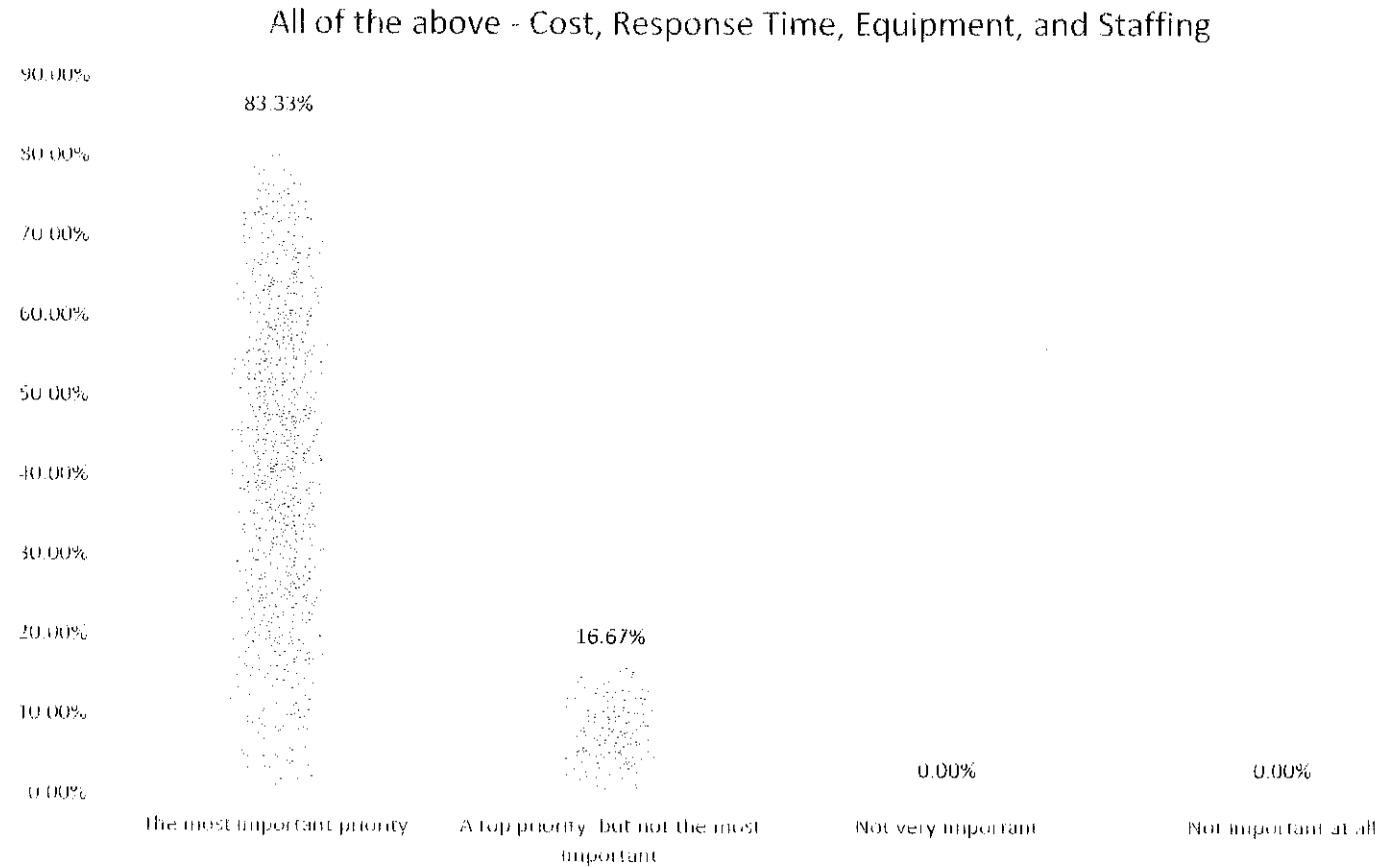
If there were additional providers, how likely would you replace your current service provider with a different provider?



If there were multiple options for service providers, what would be your criteria to determine provider(s)?



If there were multiple options for service providers, what would be your criteria to determine provider(s)?



What is your average private ambulance response time (the time of notification to arrival) for the month of January 2020? (Must be data supported, which may be requested at a later date)

- 1) 0
- 2) 2
- 3) 5 - 7 MINUTES
- 4) 5 minutes
- 5) 5-6 minutes
- 6) 7 minutes
- 7) 10
- 8) 10 minutes
- 9) 10 minutes or less
- 10) 10 minutes or so
- 11) 10 minutes (no supporting data)
- 12) 15 minutes
- 13) 30 minutes
- 14) 30+ min
- 15) 45 minutes
- 16) Within an hour
- 17) 1.5 hours
- 18) 90 MIN
- 19) 2-3 hours
- 20) 2-3 hrs.
- 21) approx 3 hours
- 22) 5-6 hours
- 23) 1-2 days
- 24) With cardiac alerts at West often times have to contact PBFR to transport due to delay or unavailability or critical care truck



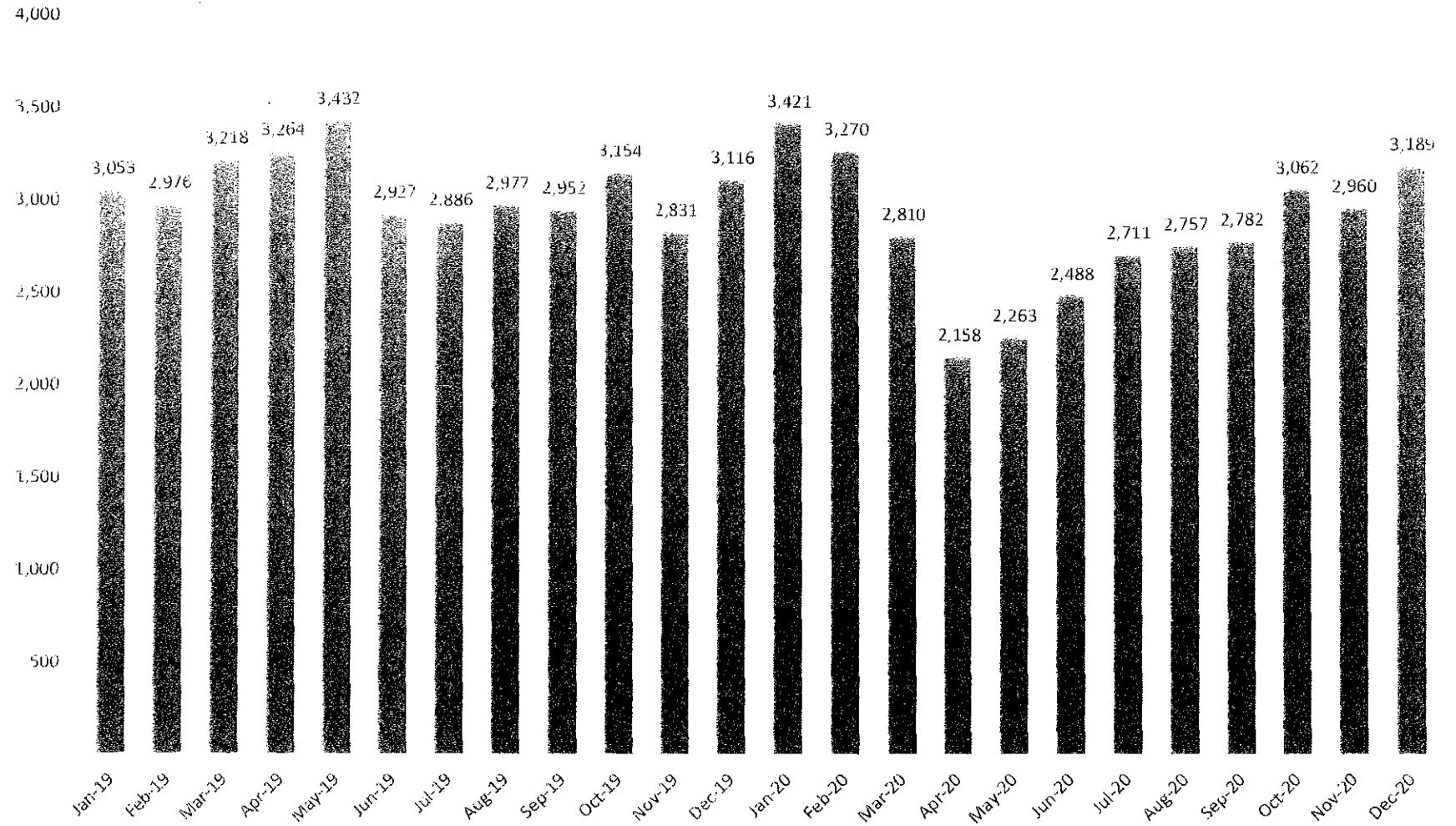
Current Secondary Service Providers Data

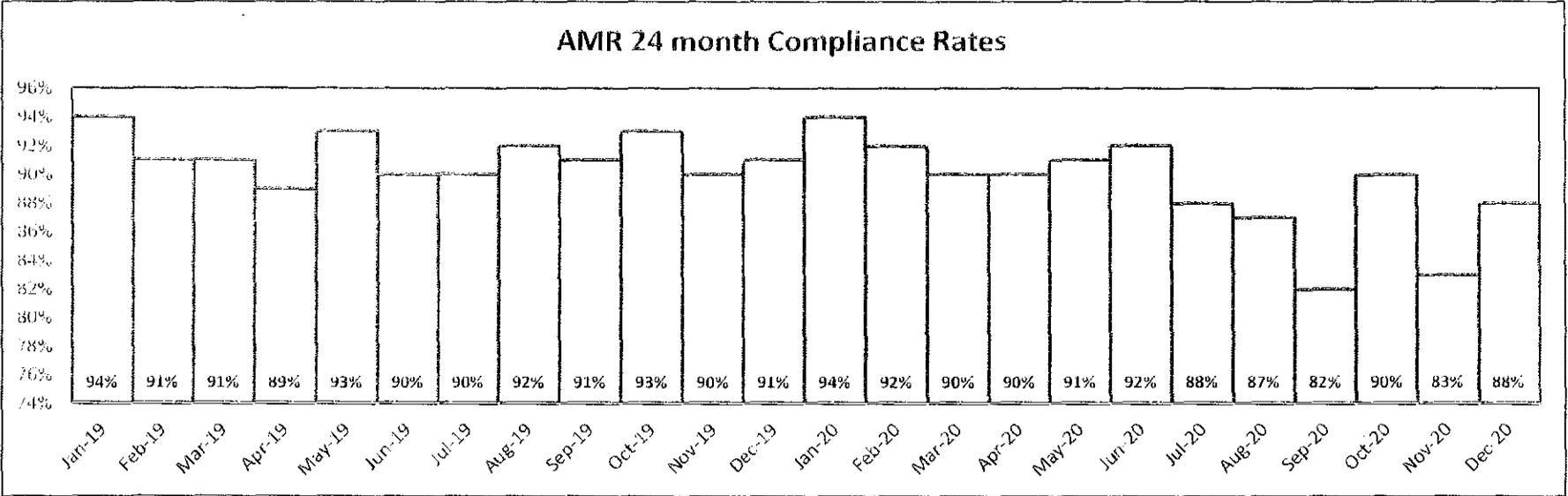
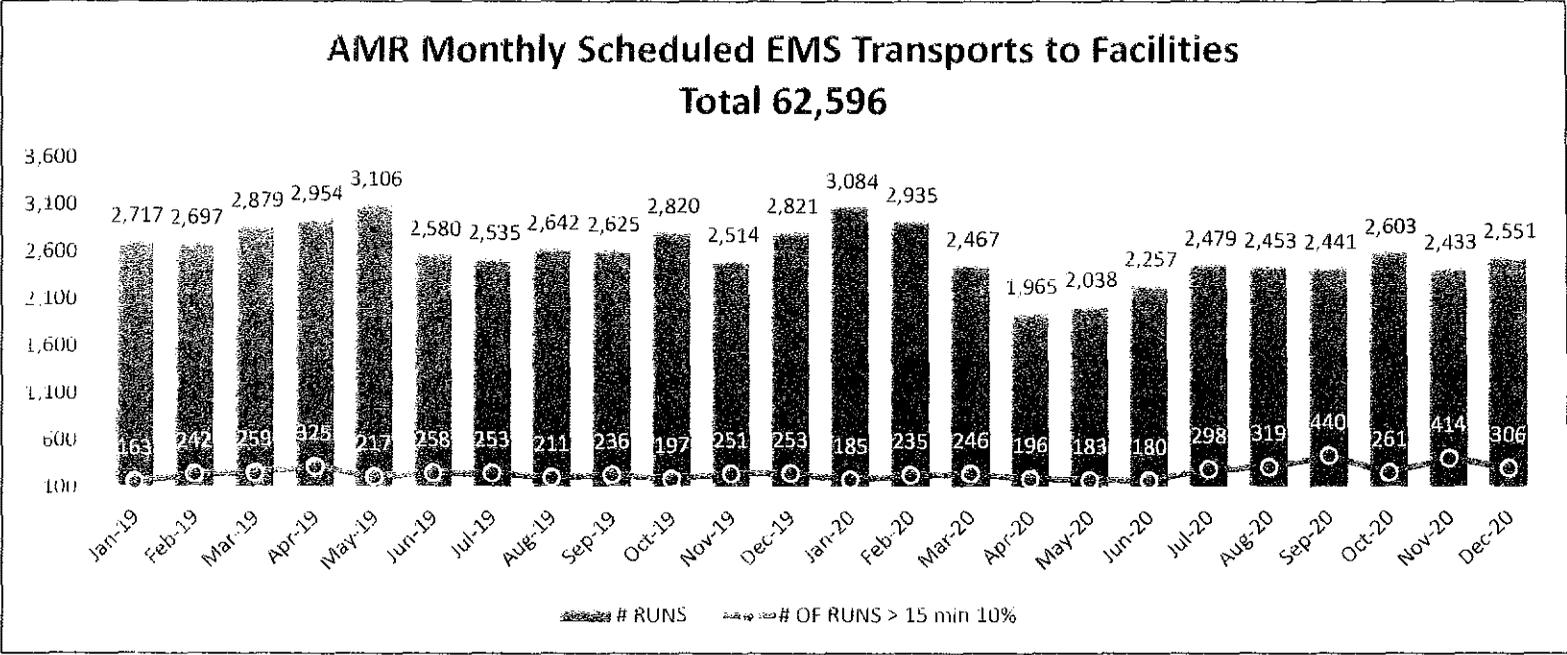
AMR

MEDICS

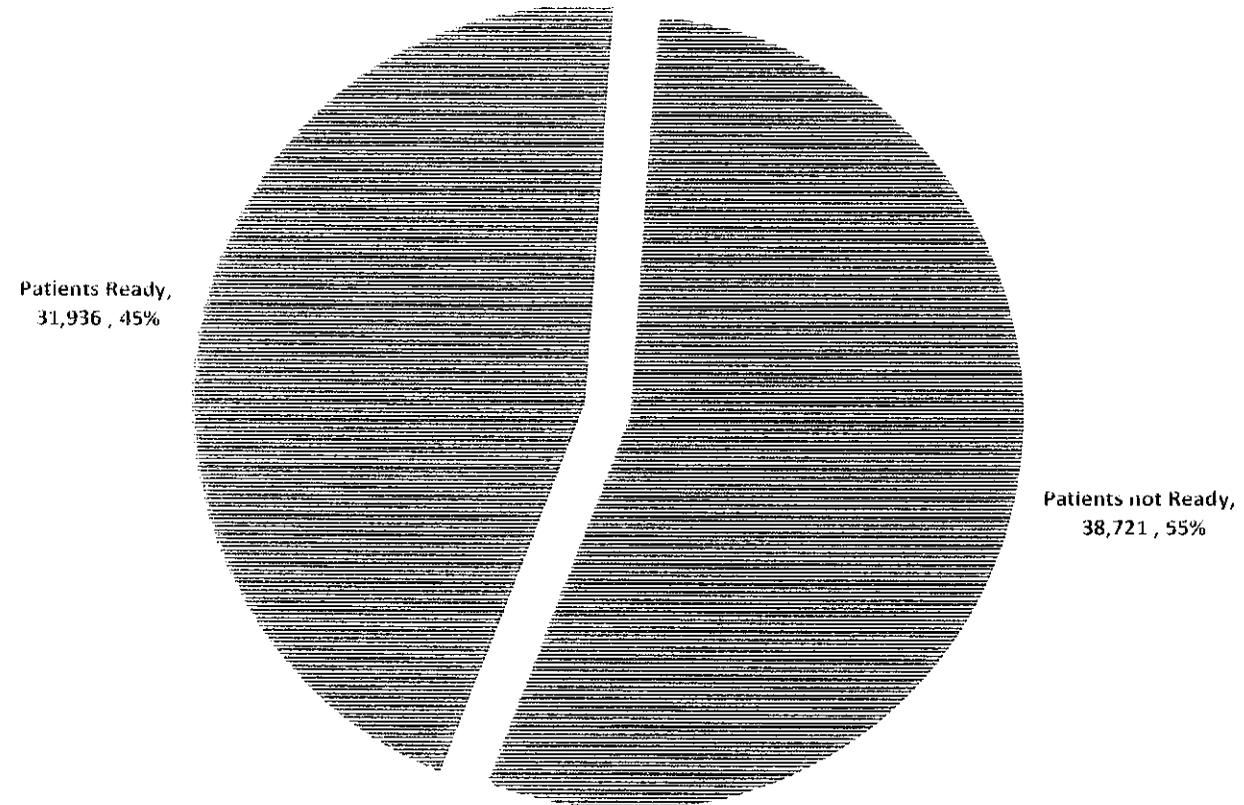


AMR EMS Transports
January 2019 - December 2020
Total 70,657

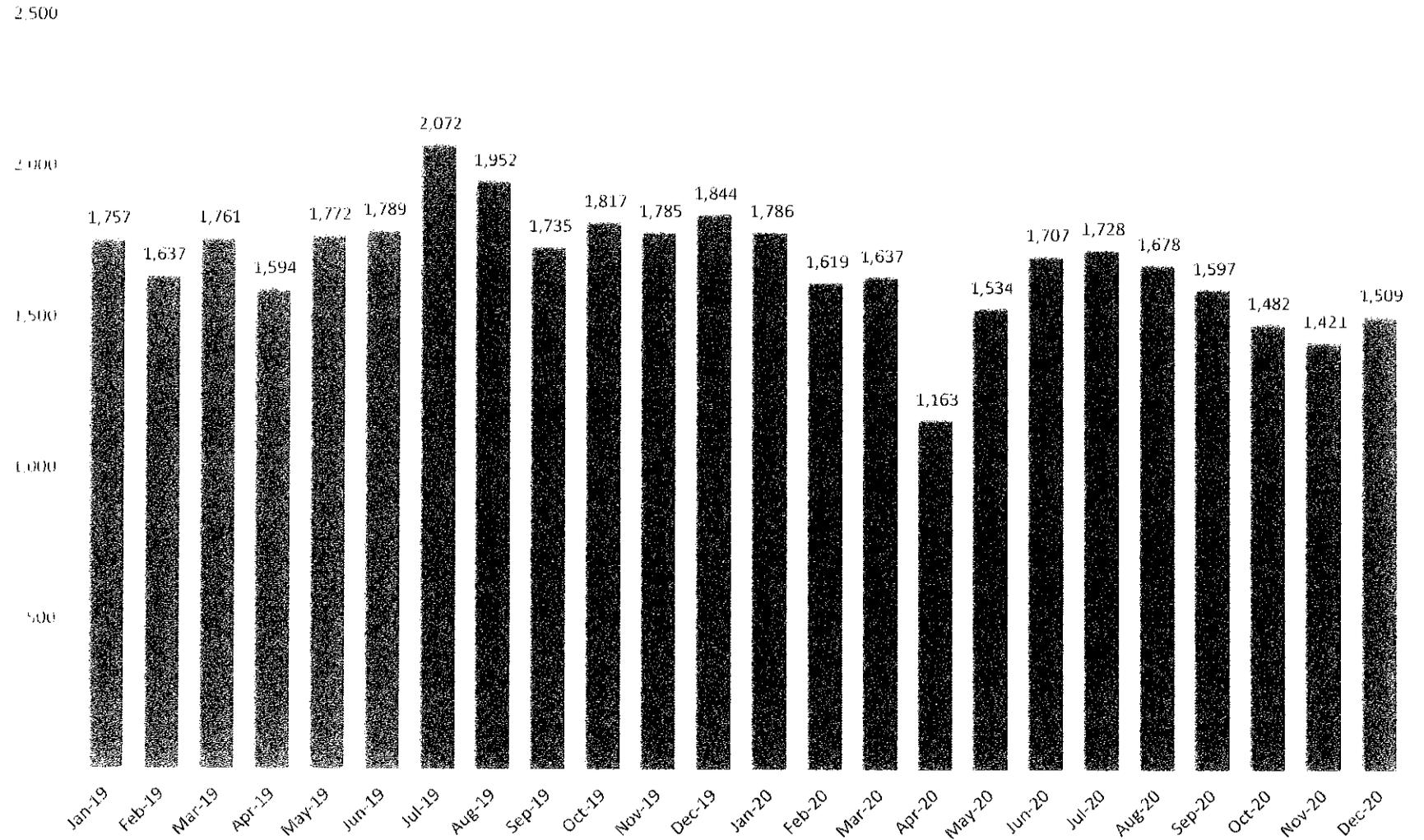




Patient Ready Status for AMR January 2019 – December 2020

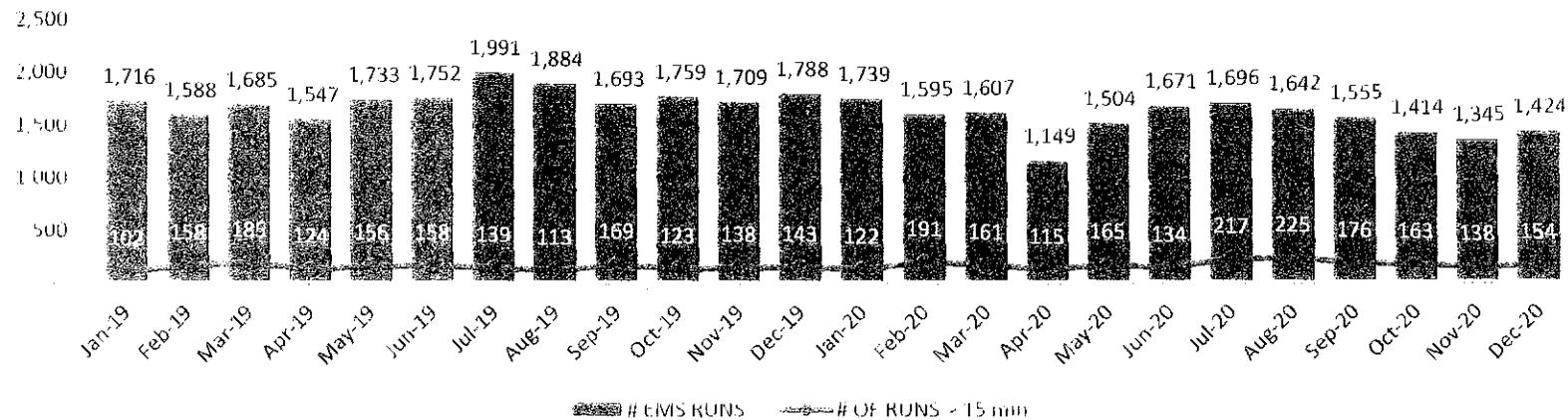


Medics EMS Transports
January 2019 - December 2020
Total 40,376

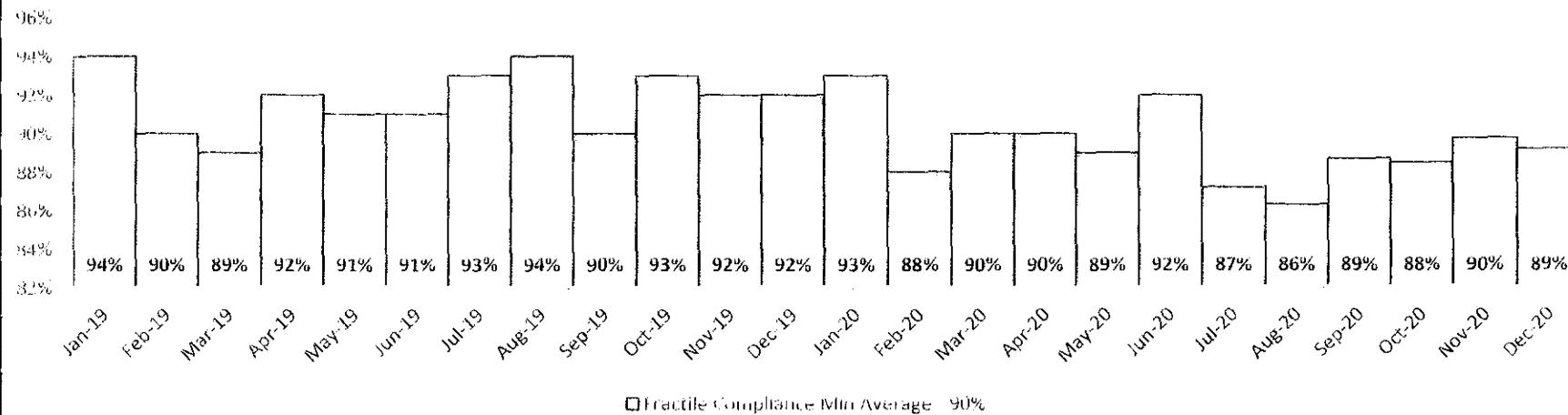


Medics Monthly Scheduled EMS Transports to Facilities

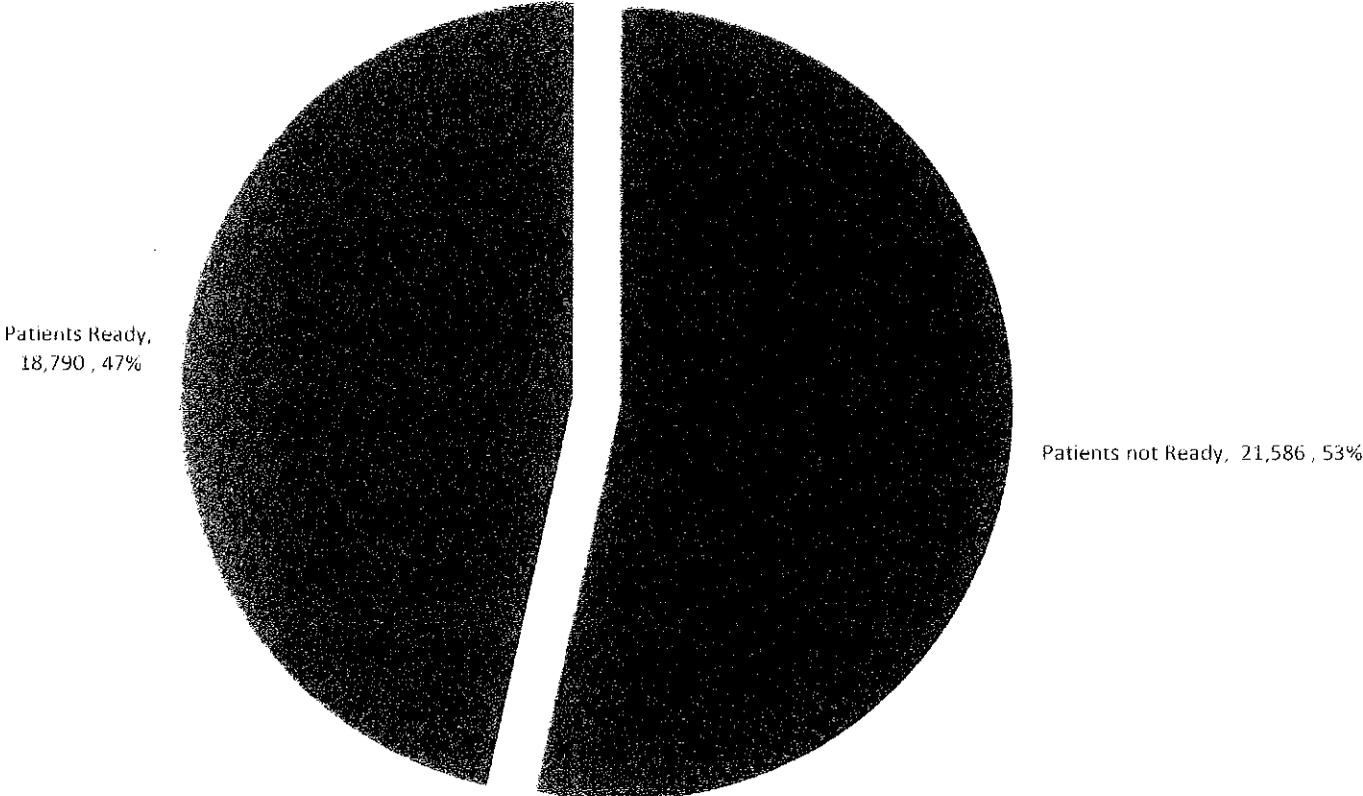
Total 39,186



Medics 24 month Compliance Rates



Patient Ready Status for Medics January 2019 - December 2020





**MEMORANDUM
PALM BEACH COUNTY
PUBLIC SAFETY DEPARTMENT
DIVISION OF EMERGENCY MANAGEMENT**

Department of Public Safety

20 South Military Trail
West Palm Beach, FL 33415
(561) 712-6470
FAX: (561) 712-6490
www.pbcgov.com

■

**Palm Beach County
Board of County
Commissioners**

Dave Kerner, Mayor

Robert S. Weinroth, Vice Mayor

Maria G. Marino

Gregg K. Weiss

Maria Sachs

Melissa McKinlay

Mack Bernard

County Administrator

Verdenia C. Baker

*"An Equal Opportunity
Affirmative Action Employer"*

Official Electronic Letterhead

**TO: The Honorable Mayor Dave Kerner and
Board of County Commissioners**

THRU: Stephanie Sejnoha, Director *Sejnoha* Digitally signed by
Stephanie Sejnoha
Date: 2021.05.21
16:26:59 -04'00'
Department of Public Safety

**FROM: Robert Bean, Chairperson, Palm Beach County
Emergency Medical Services (EMS) Advisory Council**

DATE: May 21, 2021

**RE: Recommendation of Secondary Service Provider
Emergency Medical Services Certificate of Public
Convenience and Necessity (COPCN)**

The purpose of this memo is to provide a recommendation to the Board of County Commissioners (BCC) regarding the seven (7) applicants wanting to obtain a Secondary Service Provider Emergency Medical Services (EMS) COPCN) in Palm Beach County for the period July 1, 2021 through June 30, 2027.

Pursuant to Palm Beach County Code, Chapter 13, Article II, titled EMS Ordinance, Section 13-23- Review and Assessment of Application:

- (a) Upon receipt of an application, the Administrator shall review the application and obtain verification that the applicant meets the requirements of all applicable federal, state and local laws. The Administrator's review shall include consideration of the need for the proposed service in the requested area;
- (b) Upon finalization of the review, the Administrator shall prepare a report with recommendation, which shall be forwarded to the applicant and to the EMS Council. The Administrator shall schedule an EMS Council meeting to request an EMS Council recommendation on the application to be provided to the Board. The applicant and affected COPCN Holders will be provided with notice of the EMS Council meeting and may be heard concerning the application at the EMS Council meeting prior to EMS Council recommendation.



- (c) The Administrator shall request the Board set a date for a public hearing to consider the application any time after the completion of the Administrator's report provided, however, the Administrator shall obtain the recommendation of the EMS Council prior to the public hearing date.
- (d) The Administrator's report and the recommendation of the EMS Council will be provided to the Board for consideration at the public hearing.

On May 13, 2021, the EMS Advisory Council reviewed seven (7) applications for the issuance of a Secondary Provider COPCN. The applicants were:

- 1. Atlantic/Palm Beach Ambulance, Inc. d/b/a American Medical Response
- 2. Century Ambulance Service, Inc.
- 3. Health Care District of Palm Beach County
- 4. MCT Express, Inc. dba All County Ambulance
- 5. Medics Ambulance Service, Inc.
- 6. National Health Transport, Inc.
- 7. Rapid Response Medical Transportation LLC

There were seventeen (17) Council members voting. The EMS Advisory Council voted to recommend the following to the BCC:

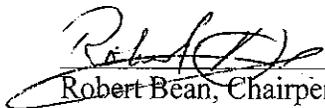
A) Approval of four (4) secondary provider COPCNs:

- 1. Atlantic/Palm Beach Ambulance, Inc. d/b/a American Medical Response
- 2. MCT Express, Inc. dba All County Ambulance
- 3. Medics Ambulance Service, Inc.
- 4. Health Care District of Palm Beach County

B) Denial of three (3) secondary provider COPCNs:

- 1. Century Ambulance Service, Inc.
- 2. National Health Transport, Inc.
- 3. Rapid Response Medical Transportation LLC

Respectfully,


Robert Bean, Chairperson
EMS Advisory Council

**Department of Public Safety**

20 South Military Trail
West Palm Beach, FL 33415
(561) 712-6470
FAX: (561) 712-6490
www.pbcgov.com



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"An Equal Opportunity
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Official Electronic Letterhead

**MEMORANDUM
PALM BEACH COUNTY
PUBLIC SAFETY DEPARTMENT
DIVISION OF EMERGENCY MANAGEMENT**

To: Palm Beach County Emergency Medical Services
Advisory Council

From: Stephanie Sejnoha, Director
Public Safety Department *Sejnoha*

Date: May 12, 2021

Subject: Palm Beach County Emergency Medical Service
Ordinance Secondary Service Provider Certificate of
Public Convenience and Necessity Application Summary
Report with Recommendations

This memo serves as a summary report with recommendations for the Palm Beach County Emergency Medical Services (EMS) Ordinance Secondary Provider Certificate of Public Convenience and Necessity (COPCN) applications.

The following companies applied for a Secondary Provider COPCN:

- All County Ambulance
- American Medical Response
- Century
- Health Care District of Palm Beach County
- Medics Ambulance Service
- National Health Transport
- Rapid Response Medical Transportation

Based on the information submitted in the Secondary Provider COPCN applications, all companies were compliant with the EMS Ordinance application requirements except for the following two companies:

1. National Health Transport:

- a) Did not submit audited financial statements for the past 3 years. Audited financial statements are a significant element of the EMS ordinance application requirements to demonstrate financial ability to provide service to Palm Beach County.

2. Rapid Response Medical Transportation:

- a) Did not submit audited financial statements for the past 3 years. Audited financial statements are a significant element of the EMS ordinance application requirements to demonstrate financial ability to provide service to Palm Beach County.
- b) No demonstration or history of applicant providing ALS or BLS emergency services, which is a significant element of the EMS ordinance application requirements to provide proof the applicant has experience.
- c) Response had no substance and does not serve as a record of compliance with Statute and Florida Administrative Code for a formal quality assurance program, which is a significant element of the EMS ordinance application requirements.
- d) There were no records provided to demonstrate an Emergency Medical Dispatch program or agreement. Rapid Response Medical Transportation provided a two-sentence statement noting they use First Net as their means of communication. They state they have a dispatch center that is fully staffed and operates 24/7 but provide no records as evidence supporting a dispatch center. The response lacks substance and does not serve as a record of applicant having an EMD program or compliance with Statute, which is a significant element of the EMS ordinance application requirements.

The following Administrator’s recommendations will be presented to the EMS Council meeting for your consideration and recommendation to the Board of County Commissioners:

1. Denial of Secondary COPCNs to the following applicants based on no data to demonstrate need for the proposed service:

- Century
- All County Ambulance
- National Health Transport*
- Rapid Response Medical Transportation*

*National Health Transport and Rapid Response Medical Transportation failed to meet the application requirements outlined in the EMS Ordinance, which also supports denial of their applications.

2. Approval of Secondary COPCNs to the following applicants:

- American Medical Response
- Medics Ambulance Service
- Health Care District of Palm Beach County (with conditions)

Based on the information collected through surveys and the application process, the Administrator’s recommendations and a detailed report will be presented at the EMS Council meeting on Thursday, May 13, 2021.

Please find attached a table of “Compliance with the EMS Ordinance Application Requirements” and summary reports of all applications.

Compliance with EMS Ordinance Application Requirements

Applicant	#7. Vehicles	#8. Personnel	#9. Rate Schedule	#10. Audited Financial Statements	#11. History of ALS or BLS Services	#12. Disclosure of Litigation	#13. Federal/State/Local Inspection	#14. Formal quality Assurance Program	#15. EMD Program	#16. Letter from CEO or Fire Chief confirming delivery of EMS
All County Ambulance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
American Medical Response	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Century	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health Care District	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medics	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
National Health Transport	✓	✓	✓		✓	✓	✓	✓	✓	✓
Rapid Response Med. Transp.	✓	✓	✓			✓	✓			✓



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
American Medical Response - Secondary COPCN Summary Report

Secondary COPCN Renewal New

Agency Information

Name of Agency Atlantic/Palm Beach Ambulance, Inc. DBA American Medical Response (AMR)

Mailing Address 1105 Barnett Dr. Suite D Lake Worth, FL 33461

Base Station Address 1105 Barnett Dr. Suite D Lake Worth, FL 33461

Met Requirement Yes No – Out of County

Phone # 888-624-1900

Agency Public Sector Private Sector

Chief's/ Manager's/ Owner's Name Brooke Liddle, Chief of Operations

Medical Director's Name Joe A. Nelson, DO, MS, FACOEP

Medical Director's Business Address 2500 NW 29th Manor, Pompano Beach, FL 33069

Medical Director's Medical License # OS 4921 Exp. Date October 31, 2022



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
American Medical Response - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
1. Statement indicating the public need and services to be covered by your agency. Including studies, if available, supporting the demonstrated demand and feasibility for the proposed service(s) and deficiencies in existing services and any other pertinent data you wish to be considered.	<p>Public Need: applicant did not think this statement was required due to being a current COPCN holder and only applies to those companies submitting a new application for COPCN.</p> <p>Services to be Covered: applicant offers comprehensive medical transportation services throughout PBC. Services include: ALS, CCT, BLS, bariatric transport, Disaster management, COVID support and offers online ambulance ordering tool.</p>	No, however this was not an ordinance requirement.
2. Copy of current State Emergency Medical Services (EMS) license(s) and/or current COPCN, if any.	State license for Highlands, Martin, Okeechobee and Palm Beach counties expires 5/28/22	Yes
3. Copy of profile sheet(s) relating to current Florida State license(s), if any, or the equivalent information sheet listing all of the agency's vehicles. This listing should identify how many vehicles and vehicle types you would have available for Palm Beach County. In order to maintain an acceptable level of service response time, all applicants must have a sufficient number of ALS vehicles available for response. The COPCN holder must also have one ALS spare unit fully equipped in the event that their primary ALS unit is not in service. It is the intent of this provision that each COPCN holder is responsible to have sufficient ALS units available	State profile sheets for Palm Beach County: 33 ALS 8 BLS 4 ALS non-transport	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
American Medical Response - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
as necessary to demonstrate ability to ensure continuity of operations to provide mutual assistance as reasonably required upon request.		
4. Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.020, Florida Administrative Code ("F.A.C."). The applicant must have at least one (1) supervisory or higher level employee who possesses a minimum of three (3) years of experience in pre-hospital ALS Services.	Personnel roster with 106 personnel with the following Certifications: 46 EMT Basic, 4 EMT Lead, 4 Field Training Officer EMT, 36 Paramedic Basic, 6 Paramedic Critical Care Technician, 5 Field Training Officer Paramedic, 3 Paramedic Lead 4 Paramedic Leads with more than 3 years' experience 4 Field Training Officer Paramedics with more than 3 years' experience	Yes
5. Insurance verification. A copy of an insurance policy, a self-insurance policy, or a Certificate of Insurance is acceptable, so long as the agency meets the minimum insurance limits as required by Section 64J-1.014(a), F.A.C. There must be a 30-day cancellation notice and Palm Beach County shall be shown as the certificate holder with a mailing address of 301 N. Olive Ave, West Palm Beach, FL 33401	Certificate of Liability Insurance expires 3/31/22 PBC is shown as the certificate holder.	Yes
6. The Medical Director must be a Florida licensed physician. Provide a copy of a fully executed contract or agreement. Include copies of current DEA and Florida Physician's License.	Dr. Joe Nelson - Florida Physician's License, expires 3/31/22 DEA license expires 10/31/22 American Medical Response (AMR) provided a letter stating that Dr. Nelson is employed by AMR under Global Medical Response (GMR) in the position of Regional Medical Director since 11/1/92.	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
American Medical Response - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
Must meet requirements of 64J-1.004, F.A.C.		
7. A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols.	Dr. Nelson provided a letter stating that AMR has adopted the minimum standard pre-hospital treatment/transport protocols.	Yes
8. A letter from your Medical Director stating your agency has adopted the countywide approved Trauma Transport Protocols, as approved by the Palm Beach County EMS Council.	Dr. Nelson provided a letter stating that he has reviewed and approves the TTPs.	Yes
9. Copy of proposed rate structure.	Proposed Rates provided: BLS Base Rate \$450.00 Mileage (per mile) \$10.50 ALS Base Rate \$550.00 Wait time per ¼ hour \$25.00 SCT Base Rate \$800.00 Airport Fee \$25.00 Oxygen \$30.00	Yes
10. The financial information of the applicant to ensure financial ability to provide and continue to provide service to the area. Such financial information shall include copies of the applicant's past two (2) Medicare audits if any. Privately held entities must provide copies of the past three (3) years of audited financial statements of the company and its parent company or holding company, if any. Government entities must provide the past three (3) years Comprehensive Annual Financial Reports via hard copy, or electronically. For purposes of this application, a parent company or holding company shall mean any person,	Three years 2018, 2019, & 2020 of audited financial reports are provided from Global Medical Response, Inc. (GMR). AMR was acquired by GMR on March 14, 2018. No Medicare audits.	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
American Medical Response - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
corporation or company holding, owning or in control of more than ten (10) percent stock or financial interest of another person, corporation or company.		
11. Except for current COPCN holders a summary history of applicant's emergency services performance record, which provides proof that at the time of application, the applicant has demonstrated experience providing ALS or BLS services. Experience providing ALS or BLS services must include experience proving the full continuum of patient care from call initiation, during patient transport and through to final patient transfer to hospital or other final destination. This is not a personal reference for the agency but how the agency had provided ALS or BLS services in the past.	AMR is a current Palm Beach County Secondary COPCN provider.	n/a
12. Disclosure of litigation involving patient care, for the past six (6) years which resulted in a judgement, award, or finding in favor of a patient or the complaining party, including case number, nature of the claim and allegations, and a copy of final judgment or award. The administrator may request additional information regarding the litigation.	No litigations in the past six years.	Yes
13. Proof of satisfactory completion of all federal, state, and/or local agency vehicle and staff inspections for the last six (6) years including copies of all deficiency reports.	Provided last State inspection from 11/16/17 – Passed with no deficiencies	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
American Medical Response - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
Current COPCN Holders need not provide vehicle and staff inspections performed by the Palm Beach County Office of EMS (except deficiencies reports).		
14. Records substantiating the implementation of a formal quality assurance system consistent with and Rule 64J-1.004(3b), Florida Administrative Code, as may be amended.	Provided information about their CQI (Continuous Quality Improvement program) that tracks performance in all key areas of their operation. Identifies prospects for Improvement and determines the impact of improvement initiative in the areas of communication center, clinical, customer satisfaction, human resources, fleet, and finance.	Yes
15. Records substantiating that as a Primary or Secondary COPCN applicant has an Emergency Medical Dispatch (EMD) program or an agreement for appropriated EMS service consistent with Section 768.1335, Florida Statutes, titles "The Emergency Medical Services Dispatch Act", as may be amended.	Provided records substantiating they have their own EMD program. Call taking training occurs in four phases and employees must have CPR, first aid certifications and certified through the International Academies of Emergency Dispatch (IAED). Continuing education is provided to keep employees current on policies, procedures, training, and re-certifications.	Yes
16. A memorandum of understanding for radio communications that is executed between the applicant and Palm Beach County. (Facilities Development and Operations Dept.)	Provided an executed PBC MOU for radio communications.	Yes
17. The applicant must provide a certified letter from the COPCN holder's Chief Executive Operating Office or Fire Chief that the applicant has met all applicable federal, state and local requirements pertaining to the delivery of EMS	Provided a letter from Edward Van Horne, COO, certifying that each entity has complied with all applicable Federal, State and local requirements for the delivery of EMS.	Yes
18. Applicant's Management Plan. Provide information on how the following business	Provided information with how a-d business functions will be conducted and managed. Employee and Driver training	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
American Medical Response - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
functions will be conducted and managed: a) Employee and Driver training programs b) Complaint handling system c) System for handling accidents and/or injuries d) Vehicle maintenance system	programs - Comprehensive orientation training which includes 54-hours classroom and hands-on instruction with PPMs, local protocols, legal and compliance and safety, risk management and disaster training. Minimum 48 hours mentored by field training for application and evaluation of ambulance operation. EVOC training. Complaint handling system for monitoring complaints, identifying trends and develop strategies. Provided policy on incident reporting safety requirements for reporting to management, employee training and education, corrective actions and expectations. Provided a detailed policy on vehicle safety on how employees will comply with applicable laws and regulations while operating company vehicles which includes driver qualification standards and employee education and training.	
19. Minimum of three (3) letters of reference (to include one hospital) sealed and attached to application package.	Provided 18 letters of reference: 6 hospital letters (2 hospitals sent 2 letters each) 12 letters from ALFs, rehabs & hospice.	Yes
20. Benchmark Response Times. Provide data for previous six months of transports (Form A).	Provided a completed Form A for Benchmark Response Times – Sections 6.1, 6.2, 6.3, 6.4	Yes
21. A non-refundable application fee in the amount of five-hundred dollars (\$500.00) made payable to: "Palm Beach County Board of County Commissioners."	Provided a payment of \$500.00	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Century Ambulance Service - Secondary COPCN Summary Report

Secondary COPCN Renewal New

Agency Information

Name of Agency Century Ambulance Service
Mailing Address 2110 Herschel St. Jacksonville, FL 32204
Base Station Address 2110 Herschel St. Jacksonville, FL 32204 Met Requirement Yes No – Outside County
Phone # 904-356-0835
Agency Public Sector Private Sector

Chief's/ Manager's/ Owner's Name Matthew Johnson
Medical Director's Name Dr. David Murray, MD & Dr. Christine Swenton (Primary)
Medical Director's Business Address 2110 Herschel St. Jacksonville, FL 32204
Medical Director's Medical License # ME22471 Exp. Date 1/31/22
(Secondary) Dr. Christine Swenton # ME116915 1/31/23



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Century Ambulance Service - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
<p>1. Statement indicating the public need and services to be covered by your agency. Including studies, if available, supporting the demonstrated demand and feasibility for the proposed service(s) and deficiencies in existing services and any other pertinent data you wish to be considered.</p>	<p>Public need: provided a statement indicating the public need by stating "...there is an overutilization of EMS resources due to lack of non-emergency ambulance providers which represents a costly expense to the community and unnecessary burden to the EMS community". Demonstrated deficiencies in existing services by interpreting the PBC survey of existing users of secondary service providers.</p> <p>Services to be covered: critical care transports 24/7, ALS and BLS inter-facility and intra-facility transports, disaster response, out of hospital health care and logistics, multiple dispatch locations, and COVID-19 response.</p>	<p>Yes</p>
<p>2. Copy of current State Emergency Medical Services (EMS) license(s) and/or current COPCN, if any.</p>	<p>State license for Baker, Bay, Bradford, Broward, Clay, Columbia, Duval, Flagler, Madison, Nassau, Putnam, St. Johns, Suwanee, and Union counties expires 9/14/21</p>	<p>Yes</p>
<p>3. Copy of profile sheet(s) relating to current Florida State license(s), if any, or the equivalent information sheet listing all of the agency's vehicles. This listing should identify how many vehicles and vehicle types you would have available for Palm Beach County. In order to maintain an acceptable level of service response time, all applicants must have a sufficient number of ALS vehicles available for response. The COPCN holder must also have one ALS spare unit fully equipped in the event that their</p>	<p>State profile sheets of 128 vehicles: 69 ALS 57 BLS 2 ALS non-transport</p> <p>Century stated they will provide 10 vehicles to PBC. Will initially start with 5 ALS and 5 BLS trucks and thereafter evaluate on an ongoing basis.</p>	<p>Yes</p>



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Century Ambulance Service - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
<p>primary ALS unit is not in service. It is the intent of this provision that each COPCN holder is responsible to have sufficient ALS units available as necessary to demonstrate ability to ensure continuity of operations to provide mutual assistance as reasonably required upon request.</p>		
<p>4. Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.020, Florida Administrative Code ("F.A.C."). The applicant must have at least one (1) supervisory or higher level employee who possesses a minimum of three (3) years of experience in pre-hospital ALS Services.</p>	<p>Personnel roster with 325 personnel with following certifications: 171 EMTs, 115 Paramedics, 3 shift managers, 10 station managers, 17 certified drivers, 9 other positions (operations, logistics, hospital, etc. Listed 2 employees with over 3 years of experience in pre-hospital ALS Services.</p>	<p>Yes</p>
<p>5. Insurance verification. A copy of an insurance policy, a self-insurance policy, or a Certificate of Insurance is acceptable, so long as the agency meets the minimum insurance limits as required by Section 64J-1.014(a), F.A.C. There must be a 30-day cancellation notice and Palm Beach County shall be shown as the certificate holder with a mailing address of 301 N. Olive Ave, West Palm Beach, FL 33401</p>	<p>Certificate of Liability Insurance expires 6/1/21 PBC is shown as the certificate holder</p>	<p>Yes</p>
<p>6. The Medical Director must be a Florida licensed physician. Provide a copy of a fully executed contract or agreement. Include copies of current DEA and Florida Physician's License. Must meet requirements of 64J-1.004, F.A.C.</p>	<p>Dr. David T. Murray – Florida Physicians license expires 2/28/22 DEA license expires 1/31/23 Dr. Christine Swenton – Florida Physicians license expires 1/31/23 DEA license expires 2/28/22 Century provided agreements for both medical directors (no expiration date)</p>	<p>Yes</p>



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Century Ambulance Service - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
7. A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols.	Dr. Murray provided a letter stating that Century has adopted the minimum standard pre-hospital treatment/transport protocols.	Yes
8. A letter from your Medical Director stating your agency has adopted the countywide approved Trauma Transport Protocols, as approved by the Palm Beach County EMS Council.	Dr. Murray provided a letter stating he has reviewed and approves the TTPs.	Yes
9. Copy of proposed rate structure.	Proposed rates provided: ALS Non-Emergency \$474.10 BLS Non-Emergent \$328.30 ALS Emergent \$580.30 BLS-Emergent \$492.30 ALS Emergent 2 \$878.40 SCT \$977.30 Loaded ground mileage \$10.80	Yes
10. The financial information of the applicant to ensure financial ability to provide and continue to provide service to the area. Such financial information shall include copies of the applicant's past two (2) Medicare audits if any. Privately held entities must provide copies of the past three (3) years of audited financial statements of the company and its parent company or holding company, if any. Government entities must provide the past three (3) years Comprehensive Annual Financial Reports via hard copy, or electronically. For purposes of this application, a parent company or holding company shall mean any person,	Financial Statements are under the name of PT-1 Holdings, LLC for years 2016, 2017, 2018, 2019 No Medicare audits.	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Century Ambulance Service - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
corporation or company holding, owning or in control of more than ten (10) percent stock or financial interest of another person, corporation or company.		
11. Except for current COPCN holders a summary history of applicant's emergency services performance record, which provides proof that at the time of application, the applicant has demonstrated experience providing ALS or BLS services. Experience providing ALS or BLS services must include experience proving the full continuum of patient care from call initiation, during patient transport and through to final patient transfer to hospital or other final destination. This is not a personal reference for the agency but how the agency had provided ALS or BLS services in the past.	Century has been operating in Florida for 40 years. Since 2001, Century has been providing ALS & BLS services in Columbia County. In 2017, Century became the sole EMS provider in Columbia County which expires in 2024. Since December 2020, Century became the sole EMS provider in Taylor County. Backup EMS provider in Broward County. 24/7 communication center with EMD certified dispatchers accept calls from hospitals, PSAPs, and extended care information network. The level of care is determined then relayed to crews in the field. While transporting crew is in communication with dispatch, hospital staff, and family members. Once patient is delivered and information is transferred and 360 degree feedback measures ensures the process is improved for future.	Yes
12. Disclosure of litigation involving patient care, for the past six (6) years which resulted in a judgement, award, or finding in favor of a patient or the complaining party, including case number, nature of the claim and allegations, and a copy of final judgment or award. The administrator may request additional information regarding the litigation.	No litigation reported in the past six years.	Yes
13. Proof of satisfactory completion of all federal, state, and/or local agency vehicle and staff inspections for the last six (6) years	Provided inspection sheet dated 6/11/19 – Passed with no deficiencies.	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Century Ambulance Service - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
including copies of all deficiency reports. Current COPCN Holders need not provide vehicle and staff inspections performed by the Palm Beach County Office of EMS (except deficiencies reports).		
14. Records substantiating the implementation of a formal quality assurance system consistent with Florida Statute Section 401.265 and Rule 64J-1.004(3b), Florida Administrative Code, as may be amended.	Century states within the last 2 years they have hired a full-time dedicated Clinical and Documentation Quality Assurance Coordinator and a Lean Sigma Greenbelt that are heading these efforts. Century implemented the Lean manufacturing methodology to identify and eliminate inefficiencies in its operations. Since 2019, Century held Kaizen events which refers to brainstorming ideas & implementing daily activities that continuously improve processes – involves all employees.	Yes
15. Records substantiating that as a Primary or Secondary COPCN applicant has an Emergency Medical Dispatch (EMD) program or an agreement for appropriated EMS service consistent with Section 768.1335, Florida Statutes, titles “The Emergency Medical Services Dispatch Act”, as may be amended.	Provided letter from Sr. Director of Communications Karen Robeson stating they use the RightCad Sanitas dispatching system to collect patient information, use tracking GPS devices and send information to crews. All Century staff are EMD certified consistent with FS. In addition, the EMS system can communicate with local fire and EMS departments, and hospitals during a mass casualty incident.	Yes
16. A memorandum of understanding for radio communications that is executed between the applicant and Palm Beach County. (Facilities Development and Operations Dept.)	Provided an email from Mark Broderick, PBC Business & Community Agreements Manager that an MOU between the PBC and Century is in the works. (MOUs will not be sent to the BCC for approval until the Provider is approved by the BCC per MB)	No – If awarded a COPCN, will proceed with meeting requirement
17. The applicant must provide a certified letter from the COPCN holder’s Chief Executive Operating Office or Fire Chief that the applicant has met all applicable federal, state and local	Provided a letter from Brock Hardaway, CEO certifying that Century is in full compliance and has met all applicable Federal, State and local requirements for the delivery of EMS.	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Century Ambulance Service - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
requirements pertaining to the delivery of EMS		
18. Applicant's Management Plan. Provide information on how the following business functions will be conducted and managed: a) Employee and Driver training programs b) Complaint handling system c) System for handling accidents and/or injuries d) Vehicle maintenance system	Provided information with how a-d business functions will be conducted and managed. Comprehensive orientation process includes ongoing training on PPMs, clinical standards, hands on training, skill labs, and EVOC during on-boarding. Will appoint a designated Account Executive for monitoring complaints and escalate to appropriate team leader. Indicated they have a vehicle operations policy and reviews all accidents through a safety committee with investigative report, findings, and corrective action reported to management. Use FleetVu for vehicle safety and prevention. Vehicle maintenance is digitally tracked through Operative IQ Inventory and Asset Management System.	Yes
19. Minimum of three (3) letters of reference (to include one hospital) sealed and attached to application package.	Provided reference letters from 1 hospital, 1 fire rescue agency and 1 air ambulance company.	Yes
20. Benchmark Response Times. Provide data for previous six months of transports (Form A).	Provided Form A for Bench Mark Response times – Sections 6.1, 6.1, 6.2, 6.3 completed (6.4 not applicable)	Yes
21. A non-refundable application fee in the amount of five-hundred dollars (\$500.00) made payable to: "Palm Beach County Board of County Commissioners."	Provided a payment of \$500.00	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Healthcare District - Secondary COPCN Summary Report

Secondary COPCN Renewal New

Agency Information

Name of Agency Healthcare District of Palm Beach County Ground Transportation Division
Mailing Address 1515 N. Flagler Dr. Suite #101, West Palm Beach, FL 33401
Base Station Address 39200 Hooker Hwy, Belle Glade, FL 33430 Met Requirement Yes No – Outside County
Phone # 561-642-1000
Agency Public Sector Private Sector

Chief's/ Manager's/ Owner's Name Darcy Davis, CEO
Medical Director's Name Kenneth Scheppke, MD
Medical Director's Business Address 221 Ocean Grande Blvd. #602, Jupiter, FL 33477
Medical Director's Medical License # ME68624 Exp. Date 1/31/22



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Healthcare District - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
<p>1. Statement indicating the public need and services to be covered by your agency. Including studies, if available, supporting the demonstrated demand and feasibility for the proposed service(s) and deficiencies in existing services and any other pertinent data you wish to be considered.</p>	<p>Public need: Indicated Belle Glade response times take up to 4 hours. Provided graph from 2018 to 2021 showing number of transports, average response times and what the anticipated future response times will be reduced to zero.</p> <p>Services to be covered: limited to inter-facility transport of patients needing transports from Lakeside Medical Center, a public hospital in Belle Glade, to other HCD facilities and specialized treatment centers and patients needing transports to and from the JFK North Addiction Stabilization Unit.</p>	<p>Yes</p>
<p>2. Copy of current State Emergency Medical Services (EMS) license(s) and/or current COPCN, if any.</p>	<p>New transport service - no State license at this time. State will not issue license until County COPCN is issued. Will apply for State license once PBC COPCN issued</p>	<p>No - if awarded COPCN, will proceed with meeting requirements.</p>
<p>3. Copy of profile sheet(s) relating to current Florida State license(s), if any, or the equivalent information sheet listing all of the agency's vehicles. This listing should identify how many vehicles and vehicle types you would have available for Palm Beach County. In order to maintain an acceptable level of service response time, all applicants must have a sufficient number of ALS vehicles available for response. The COPCN holder must also have one ALS spare unit fully equipped in the event that their primary ALS unit is not in service. It is the intent of this provision that each COPCN holder is responsible to have sufficient ALS units available as necessary to demonstrate ability to ensure</p>	<p>HCDPBC provided quotes for 2 vehicles to be purchased if COPCN is granted. Also quote for 3rd vehicle to be leased if needed.</p>	<p>No - If awarded COPCN, will proceed with meeting requirements.</p>



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Healthcare District - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
continuity of operations to provide mutual assistance as reasonably required upon request.		
4. Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.020, Florida Administrative Code ("F.A.C."). The applicant must have at least one (1) supervisory or higher level employee who possesses a minimum of three (3) years of experience in pre-hospital ALS Services.	<p>If COPCN is issued – personnel will be hired and will include an EMT, Paramedic, and Transportation Manager.</p> <p>Provided Job descriptions.</p>	No – If awarded COPCN, will proceed with meeting requirements.
5. Insurance verification. A copy of an insurance policy, a self-insurance policy, or a Certificate of Insurance is acceptable, so long as the agency meets the minimum Insurance limits as required by Section 64J-1.014(a), F.A.C. There must be a 30-day cancellation notice and Palm Beach County shall be shown as the certificate holder with a mailing address of 301 N. Olive Ave, West Palm Beach, FL 33401	Certificate of Liability Insurance expires 7/1/21 PBC is shown as the certificate holder	Yes
6. The Medical Director must be a Florida licensed physician. Provide a copy of a fully executed contract or agreement. Include copies of current DEA and Florida Physician's License. Must meet requirements of 64J-1.004, F.A.C.	<p>Dr. Kenneth Schepcke – Florida Physicians license expires 1/31/22</p> <p>DEA license expires 2/28/22</p> <p>HCDPBC provided a contract between HCDPBC and Dr. Schepcke - term ends 12/14/22</p>	Yes
7. A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols.	Dr. Schepcke provided a letter stating that HCDPBC has adopted the minimum standard pre-hospital treatment/transport protocols.	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Healthcare District - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
8. A letter from your Medical Director stating your agency has adopted the countywide approved Trauma Transport Protocols, as approved by the Palm Beach County EMS Council.	Dr. Scheppke provided a letter stating he has reviewed and approves the TTPs.	Yes
9. Copy of proposed rate structure.	Proposed rates provided: BLS \$450.00 Oxygen \$30.00 ALS \$550.00 Mileage \$10.00 SCT \$800.00	Yes
10. The financial information of the applicant to ensure financial ability to provide and continue to provide service to the area. Such financial information shall include copies of the applicant's past two (2) Medicare audits if any. Privately held entities must provide copies of the past three (3) years of audited financial statements of the company and its parent company or holding company, if any. Government entities must provide the past three (3) years Comprehensive Annual Financial Reports via hard copy, or electronically. For purposes of this application, a parent company or holding company shall mean any person, corporation or company holding, owning or in control of more than ten (10) percent stock or financial interest of another person, corporation or company.	Provided comprehensive annual financial reports for 2017, 2018 & 2019 Provided copies of two Medicare audits for Lakeside Medical Center for two fiscal periods.	Yes
11. Except for current COPCN holders a summary history of applicant's emergency	HCDPBC provided a summary of their EMS services. Developed the helicopter air ambulance service known as Trauma Hawk.	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Healthcare District - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
<p>services performance record, which provides proof that at the time of application, the applicant has demonstrated experience providing ALS or BLS services. Experience providing ALS or BLS services must include experience proving the full continuum of patient care from call initiation, during patient transport and through to final patient transfer to hospital or other final destination. This is not a personal reference for the agency but how the agency had provided ALS or BLS services in the past.</p>	<p>The program provides rapid air transport from the scene of an incident to the most appropriate facility and provides ALS support care for patients. Transporting patients since 1990. They provide full continuum of care from call initiation to patient transfer at the hospital.</p>	
<p>12. Disclosure of litigation involving patient care, for the past six (6) years which resulted in a judgement, award, or finding in favor of a patient or the complaining party, including case number, nature of the claim and allegations, and a copy of final judgment or award. The administrator may request additional information regarding the litigation.</p>	<p>No litigation for the past 6 years.</p>	<p>Yes</p>
<p>13. Proof of satisfactory completion of all federal, state, and/or local agency vehicle and staff inspections for the last six (6) years including copies of all deficiency reports. Current COPCN Holders need not provide vehicle and staff inspections performed by the Palm Beach County Office of EMS (except deficiencies reports).</p>	<p>New transport service – no inspections at this time</p>	<p>No - If awarded COPCN, will proceed with meeting requirements.</p>
<p>14. Records substantiating the implementation of a formal quality assurance system consistent</p>	<p>Provided records substantiating the implementation of a formal quality assurance system which included a promulgated Ground</p>	<p>Yes</p>



**Palm Beach County
 Department of Public Safety
 Office of Emergency Medical Services
 Healthcare District - Secondary COPCN Summary Report**

Requirement	Verification	Met Requirements
with Florida Statute Section 401.265 and Rule 64J-1.004(3b), Florida Administrative Code, as may be amended.	Transportation Quality Improvement/Assurance Plan. The purpose of the plan is to track clinical, operational and other measures for promoting quality, ensuring patient safety and improving patient care.	
15. Records substantiating that as a Primary or Secondary COPCN applicant has an Emergency Medical Dispatch (EMD) program or an agreement for appropriated EMS service consistent with Section 768.1335, Florida Statutes, titles "The Emergency Medical Services Dispatch Act", as may be amended.	The HCDPBC will contract with PBCFDO for a Private Radio Talk Group with a dedicated channel set up with PBC to provide/communicate services with the patient transportation crew where the origin and/or end point is a Healthcare District location.	No - If awarded COPCN, will proceed with meeting requirements.
16. A memorandum of understanding for radio communications that is executed between the applicant and Palm Beach County. (Facilities Development and Operations Dept.)	Provided an email from Mark Broderick, PBC Business & Community Agreements Manager that an MOU between the PBC and HCDPBC is in the works. (MOUs will not be sent to the BCC for approval until the Provider is approved by the BCC per MB)	No - If awarded COPCN, will proceed with meeting requirements.
17. The applicant must provide a certified letter from the COPCN holder's Chief Executive Operating Office or Fire Chief that the applicant has met all applicable federal, state and local requirements pertaining to the delivery of EMS	Provided a letter from Darcy Davis, CEO certifying that HCDPBC is in full compliance and has met all applicable Federal, State and local requirements for the delivery of EMS.	Yes
18. Applicant's Management Plan. Provide information on how the following business functions will be conducted and managed: a) Employee and Driver training programs b) Complaint handing system c) System for handling accidents and/or	Provided standard operating guidelines and procedures with how a-d business functions will be conducted and managed. SOP on Employee and driver training programs includes EVOC certification every 4 years. Skills training maintained, updated, and tracked. SOP on complaint handling for receiving, responding to, and resolving patient complaints and grievances in timely manner that assures quality care and service. Procedure on on medical transportation incident management and response for	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Healthcare District - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
injuries d) Vehicle maintenance system	Identifying, reporting and managing near miss or actual adverse events. SOP on maintaining vehicles through Worx Preventative Maintenance Software to ensure vehicles are properly maintained.	
19. Minimum of three (3) letters of reference (to include one hospital) sealed and attached to application package.	Provided reference letters from 1 hospital, 1 from the Mayor of Belle Glade, 1 from a Reverend who is also a member of the Lakeside Health Advisory Committee.	Yes
20. Benchmark Response Times. Provide data for previous six months of transports (Form A).	New transport service - no data available at this time	No - If awarded COPCN, will proceed with meeting requirements.
21. A non-refundable application fee in the amount of five-hundred dollars (\$500.00) made payable to: "Palm Beach County Board of County Commissioners."	Provided a payment of \$500.00	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
All County Ambulance - Secondary COPCN Summary Report

Secondary COPCN Renewal New

Agency Information

Name of Agency MCT Express, Inc. dba All County Ambulance

Mailing Address 2766 NW 62 St. Miami, FL 33147

Base Station Address 2211 2ND Ave N. Lake Worth, FL 33461

Met Requirement Yes No - Outside County

Phone # 561-706-8447

Agency Public Sector Private Sector

Chief's/ Manager's/ Owner's Name Raymond Gonzalez

Medical Director's Name Dr. Peter Antevy

Medical Director's Business Address 3501 Johnson St. Hollywood, FL

Medical Director's Medical License # ME93139 Exp. Date 1/31/23



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
All County Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
1. Statement indicating the public need and services to be covered by your agency. Including studies, if available, supporting the demonstrated demand and feasibility for the proposed service(s) and deficiencies in existing services and any other pertinent data you wish to be considered.	<p>Public need: provided a statement indicating the public need by stating "...the established population growth trends, input from other area healthcare providers and information garnered from various meetings clearly demonstrates and supports a sound public policy justification for the issuance of a COPCN to MCT dba All County Ambulance as an additional EMS provider in PBC."</p> <p>Services to be covered: advanced life support, basic life support, and critical care transportation.</p>	Yes
2. Copy of current State Emergency Medical Services (EMS) license(s) and/or current COPCN, if any.	State licenses Broward, Miami Dade, and Monroe counties expires 9/9/21.	Yes
3. Copy of profile sheet(s) relating to current Florida State license(s), if any, or the equivalent information sheet listing all of the agency's vehicles. This listing should identify how many vehicles and vehicle types you would have available for Palm Beach County. In order to maintain an acceptable level of service response time, all applicants must have a sufficient number of ALS vehicles available for response. The COPCN holder must also have one ALS spare unit fully equipped in the event that their primary ALS unit is not in service. It is the intent of this provision that each COPCN holder is responsible to have sufficient ALS units available as necessary to demonstrate ability to ensure	<p>State Profile sheets for 150 vehicles: 46 ALS 104 BLS</p> <p>Provided a list of vehicles for Palm Beach County: 6 ALS 6 BLS</p>	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
All County Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
continuity of operations to provide mutual assistance as reasonably required upon request.		
4. Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.020, Florida Administrative Code ("F.A.C."). The applicant must have at least one (1) supervisory or higher level employee who possesses a minimum of three (3) years of experience in pre-hospital ALS Services.	Personnel roster with 309 personnel with following certifications: 222 EMT 87 Paramedics Listed 1 Paramedic with over 14 years' experience – he is now the Operations Manager/Critical Care Coord.	Yes
5. Insurance verification. A copy of an insurance policy, a self-insurance policy, or a Certificate of Insurance is acceptable, so long as the agency meets the minimum insurance limits as required by Section 64J-1.014(a), F.A.C. There must be a 30-day cancellation notice and Palm Beach County shall be shown as the certificate holder with a mailing address of 301 N. Olive Ave, West Palm Beach, FL 33401	Certificate of Liability Insurance expires 8/16/21 PBC is shown as the certificate holder	Yes
6. The Medical Director must be a Florida licensed physician. Provide a copy of a fully executed contract or agreement. Include copies of current DEA and Florida Physician's License. Must meet requirements of 64J-1.004, F.A.C.	Dr. Peter Antevy – Florida Physicians license expires 1/31/23 DEA license expires 6/30/22 MCT provided an agreement between C3MD (Dr. Antevy) and MCT that expires 1/15/23	Yes
7. A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols.	Dr. Antevy provided a letter stating that MCT has adopted the minimum standard pre-hospital treatment/transport protocols.	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
All County Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
8. A letter from your Medical Director stating your agency has adopted the countywide approved Trauma Transport Protocols, as approved by the Palm Beach County EMS Council.	Dr. Antevy provided a letter stating he has reviewed and approves the TTPs.	Yes
9. Copy of proposed rate structure.	Proposed rates provided: BLS Non-emergency \$305.16 ALS \$807.39 BLS Immediate Response \$468.65 SCT \$889.81 ALS Non-emergency \$562.85 Mileage \$10.79 ALS Immediate Response \$678.16 Bariatric \$100.00	Yes
10. The financial information of the applicant to ensure financial ability to provide and continue to provide service to the area. Such financial information shall include copies of the applicant's past two (2) Medicare audits if any. Privately held entities must provide copies of the past three (3) years of audited financial statements of the company and its parent company or holding company, if any. Government entities must provide the past three (3) years Comprehensive Annual Financial Reports via hard copy, or electronically. For purposes of this application, a parent company or holding company shall mean any person, corporation or company holding, owning or in control of more than ten (10) percent stock or financial interest of another person, corporation or company.	Financial Statements for 2017, 2018 & 2019 provided. Financials are in the name of MCT Express, Inc. DBA Miami Dade Ambulance Service Their accountant stated they are in the process of auditing their 2020 year end statements, anticipate to be done by 4/30/21. No Medicare audits.	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
All County Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
<p>11. Except for current COPCN holders a summary history of applicant's emergency services performance record, which provides proof that at the time of application, the applicant has demonstrated experience providing ALS or BLS services. Experience providing ALS or BLS services must include experience proving the full continuum of patient care from call initiation, during patient transport and through to final patient transfer to hospital or other final destination. This is not a personal reference for the agency but how the agency had provided ALS or BLS services in the past.</p>	<p>MCT provided ALS/BLS services in Miami Dade County since 2001 and in Broward County since 2016. In January 2021, the ownership of MCT purchased the stock of All County Ambulance serving the Treasure Coast and American Ambulance serving central Florida. In all, the organization currently serves 15 FL counties. MCT operates 3 dispatch centers in Miami, Ft. Pierce, and Orlando. Utilize a CAD software for dispatch, quality assurance, billing, each transport is documented by the EMT or Paramedic. Patient contact is made, report is received, and patient is transported. Upon arrival at receiving facility patient care is transferred from EMT/Paramedic to the staff with a full report.</p>	<p>Yes</p>
<p>12. Disclosure of litigation involving patient care, for the past six (6) years which resulted in a judgement, award, or finding in favor of a patient or the complaining party, including case number, nature of the claim and allegations, and a copy of final judgment or award. The administrator may request additional information regarding the litigation.</p>	<p>No litigation reported in the past six years.</p>	<p>Yes</p>
<p>13. Proof of satisfactory completion of all federal, state, and/or local agency vehicle and staff inspections for the last six (6) years including copies of all deficiency reports. Current COPCN Holders need not provide vehicle and staff inspections performed by the Palm Beach County Office of EMS (except deficiencies reports).</p>	<p>MCT provided State inspection records from 6/17 to 6/19 (3) – Passed with no deficiencies.</p>	<p>Yes</p>



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
All County Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
14. Records substantiating the implementation of a formal quality assurance system consistent with Florida Statute Section 401.265 and Rule 64J-1.004(3b), Florida Administrative Code, as may be amended.	Provided a statement and records substantiating the implementation of a formal quality assurance system which included a statement and procedure. MCT states they have an internal quality assurance program that monitors performance, provides re-enforcement, remediation/training as appropriate. They use information collected from the PCR to give feedback for improvement.	Yes
15. Records substantiating that as a Primary or Secondary COPCN applicant has an Emergency Medical Dispatch (EMD) program or an agreement for appropriated EMS service consistent with Section 768.1335, Florida Statutes, titled "The Emergency Medical Services Dispatch Act", as may be amended.	MCT stated they have three dispatch centers in FL. Their dispatchers in the South FL center have been certified as EMDs. The EMD model allows staff to ask essential questions to give the dispatchers ability to determine a unit's response allowing response mode decisions to be pre-planned. Upon completion of intake process, the communication manager performs quality assurance and quality improvements to measure performance. Look to open a dispatch center in Palm Beach County as well.	Yes
16. A memorandum of understanding for radio communications that is executed between the applicant and Palm Beach County. (Facilities Development and Operations Dept.)	MCT provided an email from Mark Broderick, PBC Business & Community Agreements Manager that an MOU between the PBC and MCT is in the works. (MOUs will not be sent to the BCC for approval until the Provider is approved by the BCC per MB)	No - If awarded COPCN, will proceed with meeting requirements.
17. The applicant must provide a certified letter from the COPCN holder's Chief Executive Operating Office or Fire Chief that the applicant has met all applicable federal, state and local requirements pertaining to the delivery of EMS	Provided a letter from Ray Gonzalez, President certifying that MCT is in full compliance and has met all applicable Federal, State and local requirements for the delivery of EMS.	Yes
18. Applicant's Management Plan. Provide information on how the following business functions will be conducted and managed: a) Employee and Driver training	Provided information with how a-d business functions will be conducted and managed. Extensive driver training for all new hires through EVOC and in house training which includes remedial driver education, and field training prior to being released. Operational complaints are routed to general manager or	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
All County Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
programs b) Complaint handing system c) System for handling accidents and/or injuries d) Vehicle maintenance system	supervisor to investigate and resolve and employee corrective action if needed. Billing complaints are routed to Patient Business Services Director to address and solve. Provide 24/7 accident and incident reporting real time. Supervisor respond to employee injuries to document and ensure proper care. Accident review committee investigates and makes a determination and recommendation to management. Comprehensive preventative maintenance program includes preventative and scheduled maintenance, inspections, warranties, maintenance records, etc.	
19. Minimum of three (3) letters of reference (to include one hospital) sealed and attached to application package.	Provided reference letters from 3 hospital systems.	Yes
20. Benchmark Response Times. Provide data for previous six months of transports (Form A).	Provided Form A for Bench Mark Response times for Miami/Dade County sections 6.1,6.2, 6.3 & 6.4 completed. Form A completed for Broward County – 6.1 Emergency calls n/a 6.1, 6.2, 6.3 & 6.4 completed. Treasure Coast – 6.1 Emergency n/a, 6.1, 6.2, 6.3 & 6.4 completed. Central Florida – 6.1 Emergency n/a, 6.1, 6.2, 6.3, 6.4 completed.	Yes
21. A non-refundable application fee in the amount of five-hundred dollars (\$500.00) made payable to: "Palm Beach County Board of County Commissioners."	Provided a payment of \$500.00	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Medics Ambulance - Secondary COPCN Summary Report

Secondary COPCN Renewal New

Agency Information

Name of Agency Medics Ambulance Service, Inc.

Mailing Address 1105 Barnett Dr. Suite D Lake Worth, FL 33461

Base Station Address 1105 Barnett Dr. Suite D Lake Worth, FL 33461

Met Requirement Yes No – Outside County

Phone # 561-533-5633

Agency Public Sector Private Sector

Chief's/ Manager's/ Owner's Name Isabel Rodriguez, Director of Operations

Medical Director's Name Randy Scott Katz, DO

Medical Director's Business Address 2500 NW 29th Manor, Pompano Beach, FL 33069

Medical Director's Medical License # OS 9149 Exp. Date December 31, 2022



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Medics Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
1. Statement indicating the public need and services to be covered by your agency. Including studies, if available, supporting the demonstrated demand and feasibility for the proposed service(s) and deficiencies in existing services and any other pertinent data you wish to be considered.	Public need: did not think this statement was required due to being a current COPCN holder and only applies to those companies submitting a new application for COPCN. Services to be covered: comprehensive medical transportation services throughout PBC. Services include: ALS, CCT, BLS, bariatric transport, Disaster management, COVID support and offers online ambulance ordering tool.	No, however this was not an ordinance requirement.
2. Copy of current State Emergency Medical Services (EMS) license(s) and/or current COPCN, if any.	State license for Palm Beach County expires 7/31/21.	Yes
3. Copy of profile sheet(s) relating to current Florida State license(s), if any, or the equivalent information sheet listing all of the agency's vehicles. This listing should identify how many vehicles and vehicle types you would have available for Palm Beach County. In order to maintain an acceptable level of service response time, all applicants must have a sufficient number of ALS vehicles available for response. The COPCN holder must also have one ALS spare unit fully equipped in the event that their primary ALS unit is not in service. It is the intent of this provision that each COPCN holder is responsible to have sufficient ALS units available	State profile sheet listed Palm Beach County units: 2 ALS 20 BLS	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Medics Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
as necessary to demonstrate ability to ensure continuity of operations to provide mutual assistance as reasonably required upon request.		
4. Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.020, Florida Administrative Code ("F.A.C."). The applicant must have at least one (1) supervisory or higher level employee who possesses a minimum of three (3) years of experience in pre-hospital ALS Services.	Personnel roster with 91 personnel with the following certifications: 88 EMT (1 includes Field Training Officer) 3 Paramedic Basics with more than 3 years' experience.	Yes
5. Insurance verification. A copy of an insurance policy, a self-insurance policy, or a Certificate of Insurance is acceptable, so long as the agency meets the minimum insurance limits as required by Section 64J-1.014(a), F.A.C. There must be a 30-day cancellation notice and Palm Beach County shall be shown as the certificate holder with a mailing address of 301 N. Olive Ave, West Palm Beach, FL 33401	Certificate of Liability Insurance expires 3/31/22 PBC is shown as the certificate holder	Yes
6. The Medical Director must be a Florida licensed physician. Provide a copy of a fully executed contract or agreement. Include copies of current DEA and Florida Physician's License. Must meet requirements of 64J-1.004, F.A.C.	Dr. Randy Katz- Florida Physician's License, expires 3/31/22 DEA license expires 12/31/22 Medics provided an agreement with InPhyNet (Dr. Randy Katz) will act as Medical Director shall renew on the anniversary of the effective date each year.	Yes
7. A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols.	Dr. Katz provided a letter stating that AMR has adopted the minimum standard pre-hospital treatment/transport protocols.	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Medics Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
8. A letter from your Medical Director stating your agency has adopted the countywide approved Trauma Transport Protocols, as approved by the Palm Beach County EMS Council.	Dr. Katz provided a letter stating he has reviewed and approves the PBC TTPs.	Yes
9. Copy of proposed rate structure.	Proposed Rates provided: BLS Base Rate \$450.00 Mileage (per mile) \$10.50 ALS Base Rate \$550.00 Wait time per ¼ hour \$25.00 SCT Base Rate \$800.00 Airport Fee \$25.00 Oxygen \$30.00	Yes
10. The financial information of the applicant to ensure financial ability to provide and continue to provide service to the area. Such financial information shall include copies of the applicant's past two (2) Medicare audits if any. Privately held entities must provide copies of the past three (3) years of audited financial statements of the company and its parent company or holding company, if any. Government entities must provide the past three (3) years Comprehensive Annual Financial Reports via hard copy, or electronically. For purposes of this application, a parent company or holding company shall mean any person, corporation or company holding, owning or in control of more than ten (10) percent stock or financial interest of another person, corporation or company.	Three years, 2018, 2019 & 2020 of audited financial reports are provided from Global Medical Response, Inc. (GMR) Medics was acquired from AMR in 2011, GMR acquired both companies on March 14, 2018. No Medicare audits.	Yes
11. Except for current COPCN holders a	Medics is a current PBC Secondary COPCN Provider	N/A



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Medics Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
<p>summary history of applicant's emergency services performance record, which provides proof that at the time of application, the applicant has demonstrated experience providing ALS or BLS services. Experience providing ALS or BLS services must include experience proving the full continuum of patient care from call initiation, during patient transport and through to final patient transfer to hospital or other final destination. This is not a personal reference for the agency but how the agency had provided ALS or BLS services in the past.</p>		
<p>12. Disclosure of litigation involving patient care, for the past six (6) years which resulted in a judgement, award, or finding in favor of a patient or the complaining party, including case number, nature of the claim and allegations, and a copy of final judgment or award. The administrator may request additional information regarding the litigation.</p>	<p>No litigations in the past six years.</p>	<p>Yes</p>
<p>13. Proof of satisfactory completion of all federal, state, and/or local agency vehicle and staff inspections for the last six (6) years including copies of all deficiency reports. Current COPCN Holders need not provide vehicle and staff inspections performed by the Palm Beach County Office of EMS (except deficiency reports).</p>	<p>Medics provided their last State inspection from 11/16/17 – Passed with no deficiencies</p>	<p>Yes</p>



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Medics Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
14. Records substantiating the implementation of a formal quality assurance system consistent with Florida Statute Section 401.265 and Rule 64J-1.004(3b), Florida Administrative Code, as may be amended.	Provided information about their CQI (Continuous Quality Improvement program) that tracks performance in all key areas of their operation. Identifies prospects for improvement and determines the impact of improvement initiative in the areas of communication center, clinical, customer satisfaction, human resources, fleet, and finance.	Yes
15. Records substantiating that as a Primary or Secondary COPCN applicant has an Emergency Medical Dispatch (EMD) program or an agreement for appropriated EMS service consistent with Section 768.1335, Florida Statutes, titles "The Emergency Medical Services Dispatch Act", as may be amended.	Provided records substantiating they have their own EMD program. Call taking training occurs in four phases and employees must have CPR, first aid certifications and certified through the International Academies of Emergency Dispatch (IAED). Continuing education is provided to keep employees current on policies, procedures, training, and re-certifications.	Yes
16. A memorandum of understanding for radio communications that is executed between the applicant and Palm Beach County. (Facilities Development and Operations Dept.)	Medics provided an executed PBC MOU for radio communications	Yes
17. The applicant must provide a certified letter from the COPCN holder's Chief Executive Operating Office or Fire Chief that the applicant has met all applicable federal, state and local requirements pertaining to the delivery of EMS	Provided a letter from Edward Van Horne, COO, certifying that each entity has complied with all applicable Federal, State and local requirements for the delivery of EMS	Yes
18. Applicant's Management Plan. Provide information on how the following business functions will be conducted and managed: a) Employee and Driver training programs b) Complaint handing system	Provided information with how a-d business functions will be conducted and managed. Employee and Driver training programs - Comprehensive orientation training which includes 54-hours classroom and hands-on instruction with PPMs, local protocols, legal and compliance and safety, risk management and disaster training. Minimum 48 hours mentored by field training for application and evaluation of	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Medics Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
c) System for handling accidents and/or injuries d) Vehicle maintenance system	ambulance operation. EVOC training. Complaint handling system for monitoring complaints, identifying trends and develop strategies. Provided policy on incident reporting safety requirements for reporting to management, employee training and education, corrective actions and expectations. Provided a detailed policy on vehicle safety on how employees will comply with applicable laws and regulations while operating company vehicles which includes driver qualification standards and employee education and training.	
19. Minimum of three (3) letters of reference (to include one hospital) sealed and attached to application package.	Provided 18 letters of reference: 6 hospital letters (2 hospitals sent 2 letters each) 12 letters from ALFs, rehabs & hospice.	Yes
20. Benchmark Response Times. Provide data for previous six months of transports (Form A).	Provided a completed Form A for Benchmark Response Times – Sections 6.2, 6.3, 6.4 (6.1 does not apply to Medics)	Yes
21. A non-refundable application fee in the amount of five-hundred dollars (\$500.00) made payable to: "Palm Beach County Board of County Commissioners."	Provided a payment of \$500.00	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
National Health Transport - Secondary COPCN Summary Report

Secondary COPCN Renewal New

Agency Information

Name of Agency National Health Transport Inc.

Mailing Address 2290 NW 110 Ave. Sweetwater, FL 33172

Base Station Address 2290 NW 110 Ave. Sweetwater, FL 33172

Met Requirement Yes No – Outside County

Phone # 305-636-5509

Agency Public Sector Private Sector

Chief's/ Manager's/ Owner's Name Raul F. Rodriguez

Medical Director's Name Dr. Michael Zappa

Medical Director's Business Address 2290 NW 110 Ave. Sweetwater, FL 33172

Medical Director's Medical License # ME55435 Exp. Date 1/31/22



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
National Health Transport - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
<p>1. Statement indicating the public need and services to be covered by your agency. Including studies, if available, supporting the demonstrated demand and feasibility for the proposed service(s) and deficiencies in existing services and any other pertinent data you wish to be considered.</p>	<p>Public need: stated "Palm Beach County needs more non-emergency ambulance providers that have proven track records of great service, great benefits, and diversity not only in the ownership but the ranks of management and staff."</p> <p>NHT indicated they conducted an independent survey of various hospitals, ALF's, and nursing homes in PBC on the need for additional providers. Based on their results they claim the users provided detailed incidents where the ability to call another provider was needed. Survey results were not provided during the application time period.</p> <p>Services to be covered: ALS, BLS, and specialty care transportation.</p>	<p>Yes</p>
<p>2. Copy of current State Emergency Medical Services (EMS) license(s) and/or current COPCN, if any.</p>	<p>State license for Broward, Martin, Miami/Dade and Monroe counties expires 10/9/21.</p>	<p>Yes</p>
<p>3. Copy of profile sheet(s) relating to current Florida State license(s), if any, or the equivalent information sheet listing all of the agency's vehicles. This listing should identify how many vehicles and vehicle types you would have available for Palm Beach County. In order to maintain an acceptable level of service response time, all applicants must have a sufficient number of ALS vehicles available for response. The COPCN holder must also have one ALS spare</p>	<p>State profile sheets: 31 ALS 38 BLS</p> <p>A list of 13 vehicles that will be used for PBC was provided 4 ALS 9 BLS</p>	<p>Yes</p>



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
National Health Transport - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
unit fully equipped in the event that their primary ALS unit is not in service. It is the intent of this provision that each COPCN holder is responsible to have sufficient ALS units available as necessary to demonstrate ability to ensure continuity of operations to provide mutual assistance as reasonably required upon request.		
4. Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.020, Florida Administrative Code ("F.A.C."). The applicant must have at least one (1) supervisory or higher level employee who possesses a minimum of three (3) years of experience in pre-hospital ALS Services.	Personnel roster with 112 personnel with the following Certifications: 92 EMT 20 Paramedics (5 of being Critical Care Technician) 1 paramedic listed as a supervisor has over 5 years of experience in ALS pre-hospital services.	Yes
5. Insurance verification. A copy of an insurance policy, a self-insurance policy, or a Certificate of Insurance is acceptable, so long as the agency meets the minimum insurance limits as required by Section 64J-1.014(a), F.A.C. There must be a 30-day cancellation notice and Palm Beach County shall be shown as the certificate holder with a mailing address of 301 N. Olive Ave, West Palm Beach, FL 33401	Certificate of Liability Insurance expires 6/23/21 PBC is shown as the certificate holder	Yes
6. The Medical Director must be a Florida licensed physician. Provide a copy of a fully executed contract or agreement. Include copies of current DEA and Florida Physician's License. Must meet requirements of 64J-1.004, F.A.C.	Dr. Michael J. Zappa – Florida Physicians License expires 1/31/22 DEA license expires 5/31/23 NHT provided an agreement between NHT and ZMedical, LLC (Dr. Zappa) to be Medical Director. Contract term is from 8/1/20 to 7/31/21	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
National Health Transport - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
7. A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols.	Dr. Zappa provided a letter stating that NHT has adopted the minimum standard pre-hospital treatment/transport protocols.	Yes
8. A letter from your Medical Director stating your agency has adopted the countywide approved Trauma Transport Protocols, as approved by the Palm Beach County EMS Council.	Dr. Zappa provided a letter stating he reviewed and approves the TTPs.	Yes
9. Copy of proposed rate structure.	Proposed Rates provided: BLS Base \$338.10 Oxygen \$50.90 ALS Base \$488.30 Mileage \$11.10 ALS II Base \$878.40 Waiting time per hour \$188.80 for ALS - SCT Base \$900.00 for BLS \$169.10	Yes
10. The financial information of the applicant to ensure financial ability to provide and continue to provide service to the area. Such financial information shall include copies of the applicant's past two (2) Medicare audits if any. Privately held entities must provide copies of the past three (3) years of audited financial statements of the company and its parent company or holding company, if any. Government entities must provide the past three (3) years Comprehensive Annual Financial Reports via hard copy, or electronically. For purposes of this application, a parent company or holding company shall mean any person, corporation or company holding, owning or in	Financial reports for 2017, 2018, 2019 & 2020 were provided, but were not audited. No Medicare audits reported.	No – audited financial statements are a requirement of the ordinance.



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
National Health Transport - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
control of more than ten (10) percent stock or financial interest of another person, corporation or company.		
11. Except for current COPCN holders a summary history of applicant's emergency services performance record, which provides proof that at the time of application, the applicant has demonstrated experience providing ALS or BLS services. Experience providing ALS or BLS services must include experience proving the full continuum of patient care from call initiation, during patient transport and through to final patient transfer to hospital or other final destination. This is not a personal reference for the agency but how the agency had provided ALS or BLS services in the past.	<p>Providing BLS/ALS/SCT in Monroe since 2011 Providing BLS/ALS/SCT in Miami-Dade since 2012 Providing BLS/ALS/SCT In Broward since 2016.</p> <p>New hire training, computer aided software for intake reporting and tracking, vehicle maintenance, CEU program for employees, documentation of treatment protocols, patient flow strategies and efficiencies, electronic patients care reporting, automated vehicle locaters, specialty care and management capabilities and data/metric reporting are all identified for continuing of care.</p> <p>NHT has safely transported patients over 100,000 miles, where in 2020 more than 2,500 individual medical transports where approximately 750 were ALS or specialty care.</p>	Yes
12. Disclosure of litigation involving patient care, for the past six (6) years which resulted in a judgement, award, or finding in favor of a patient or the complaining party, including case number, nature of the claim and allegations, and a copy of final judgment or award. The administrator may request additional information regarding the litigation.	No litigation cases for the past 6 years.	Yes
13. Proof of satisfactory completion of all federal, state, and/or local agency vehicle and staff inspections for the last six (6) years including copies of all deficiency reports.	Provided inspection records from Broward, Miami-Dade and the State - No deficiency reports.	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
National Health Transport - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
Current COPCN Holders need not provide vehicle and staff inspections performed by the Palm Beach County Office of EMS (except deficiencies reports).		
14. Records substantiating the implementation of a formal quality assurance system consistent with Florida Statute Section 401.265 and Rule 64J-1.004(3b), Florida Administrative Code, as may be amended.	Provided a policy and procedure that explained the procedure for patient Care Reports (PCR) to include service delivery and crew information, dispatch information, patient care provided, patient assessment, patient medical history, trauma and cardiac arrest information, all procedures and times associated, all medications, transport information and signatures.	Yes
15. Records substantiating that as a Primary or Secondary COPCN applicant has an Emergency Medical Dispatch (EMD) program or an agreement for appropriated EMS service consistent with Section 768.1335, Florida Statutes, titles "The Emergency Medical Services Dispatch Act", as may be amended.	Provided records substantiating they have an EMD program which included triage and dispatch guidelines for handling of requests for service, determining the appropriate level of service, dispatching the appropriate vehicle, monitoring timely responses, and notifying the appropriate party in the event of a deviation.	Yes
16. A memorandum of understanding for radio communications that is executed between the applicant and Palm Beach County. (Facilities Development and Operations Dept.)	Provided an email from Mark Broderick, PBC Business & Community Agreements Manager that an MOU between the PBC and NHT is in the works. (MOUs will not be sent to the BCC for approval until the Provider is approved by the BCC per MB)	No - If awarded COPCN, will proceed with meeting requirements.
17. The applicant must provide a certified letter from the COPCN holder's Chief Executive Operating Office or Fire Chief that the applicant has met all applicable federal, state and local requirements pertaining to the delivery of EMS	Provided a letter from Raul F. Rodriguez, CEO certifying that NHT is in full compliance and has met all applicable Federal, State and local requirements for the delivery of EMS	Yes
18. Applicant's Management Plan. Provide information on how the following business	Provided information with how a-d business functions will be conducted and managed. Accident Reporting and Investigative	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
National Health Transport - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
functions will be conducted and managed: a) Employee and Driver training programs b) Complaint handling system c) System for handling accidents and/or injuries d) Vehicle maintenance system	plan includes an OSHA officer for ensure success of the plan for accident reporting, investigative, injury/medical issues, recordkeeping, training and employee evaluation. Drivers must know Fleet Safety and Maintenance program, Vehicle Assignment agreement, MVR, accident and reporting procedures and other various program requirements. Provided a complaint handling procedure flowchart which includes steps from receiving complaint to resolution. Vehicle Fleet Maintenance plan includes roles for management and drivers, preventative and scheduled maintenance inspections and services, checklists, service schedules.	
19. Minimum of three (3) letters of reference (to include one hospital) sealed and attached to application package.	Provided reference letters from 1 hospital, 1 transportation management company, 1 patient	Yes
20. Benchmark Response Times. Provide data for previous six months of transports (Form A).	Provided Form A for Benchmark Response times – Sections completed: 6.1 interfacility, 6.2, 6.3 (6.1 emergency patients & 6.4 n/a)	Yes
21. A non-refundable application fee in the amount of five-hundred dollars (\$500.00) made payable to: "Palm Beach County Board of County Commissioners."	Provided a payment of \$500.00	Yes



**Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Rapid Response Ambulance - Secondary COPCN Summary Report**

Secondary COPCN Renewal New

Agency Information

Name of Agency Rapid Response Medical Transportation LLC DBA Rapid Response Ambulance (RRMT)

Mailing Address 8330 W. SR 84 Davie, FL 33324

Base Station Address 8330 W. SR 84 Davie, FL 33324

Met Requirement Yes No – Outside County

Phone #

Agency Public Sector Private Sector

Chief's/ Manager's/ Owner's Name Steve Portnov

Medical Director's Name Raul Caner

Medical Director's Business Address 3720 N. Roosevelt Blvd, Key West, FL 33040

Medical Director's Medical License # ME109202 Exp. Date 1/31/23



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Rapid Response Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
1. Statement indicating the public need and services to be covered by your agency. Including studies, if available, supporting the demonstrated demand and feasibility for the proposed service(s) and deficiencies in existing services and any other pertinent data you wish to be considered.	Public need: No statement of public need. Services to be covered: Did not provide a list of services to be covered. However, indicated they can accommodate all of the equipment, materials, vehicles, and personnel to perform all necessary and required tasks.	No, however this was not an ordinance requirement.
2. Copy of current State Emergency Medical Services (EMS) license(s) and/or current COPCN, if any.	State license covers Glades, Hendry and Monroe counties, expires on 12/18/22. COPCNs for Glades County expires 2023, Hendry County expires 1/13/2023 and Monroe County expires 5/21/2021.	Yes
3. Copy of profile sheet(s) relating to current Florida State license(s), if any, or the equivalent information sheet listing all of the agency's vehicles. This listing should identify how many vehicles and vehicle types you would have available for Palm Beach County. In order to maintain an acceptable level of service response time, all applicants must have a sufficient number of ALS vehicles available for response. The COPCN holder must also have one ALS spare unit fully equipped in the event that their primary ALS unit is not in service. It is the intent of this provision that each COPCN holder is responsible to have sufficient ALS units available	State profile list: 5 ALS/BLS dual purpose units If a COPCN was awarded, they would purchase an additional six (6) vehicles for Palm Beach County.	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Rapid Response Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
as necessary to demonstrate ability to ensure continuity of operations to provide mutual assistance as reasonably required upon request.		
4. Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.020, Florida Administrative Code ("F.A.C."). The applicant must have at least one (1) supervisory or higher level employee who possesses a minimum of three (3) years of experience in pre-hospital ALS Services.	Personnel roster with 17 personnel with the following Certifications: 9 EMT/Driver, 7 Paramedic/Driver, 1 Driver 1 paramedic (also Chief of Ops) has a minimum of 3 years' experience in pre-hospital ALS Services.	Yes
5. Insurance verification. A copy of an insurance policy, a self-insurance policy, or a Certificate of Insurance is acceptable, so long as the agency meets the minimum insurance limits as required by Section 64J-1.014(a), F.A.C. There must be a 30-day cancellation notice and Palm Beach County shall be shown as the certificate holder with a mailing address of 301 N. Olive Ave, West Palm Beach, FL 33401	Certificate of Liability Insurance expires 2/8/22 PBC is shown as the certificate holder	Yes
6. The Medical Director must be a Florida licensed physician. Provide a copy of a fully executed contract or agreement. Include copies of current DEA and Florida Physician's License. Must meet requirements of 64J-1.004, F.A.C.	Dr. Raul Caner – Florida Physicians' license expires 1/31/23 DEA license expires 8/31/23 RRMT provided an agreement between RRMT and Dr. Raul Caner to be their medical director with a term of two years 9/15/20 to 9/15/22	Yes
7. A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols.	Dr. Caner provided a letter stating that RRMT has adopted the minimum standard pre-hospital treatment/transport protocols.	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Rapid Response Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
8. A letter from your Medical Director stating your agency has adopted the countywide approved Trauma Transport Protocols, as approved by the Palm Beach County EMS Council.	Dr. Caner provided a letter stating he has reviewed and approves the TTPs.	Yes
9. Copy of proposed rate structure.	Proposed rates provided: BLS Emergent \$450 Ambulatory \$30 BLS Non-emergent \$350 Wheelchair \$50 ALS Emergent \$525 Non-Medical Stretcher \$80 ALS Non-emergent \$425 Bariatric \$190 ALS 2 \$750 Non-medical Mileage \$3.75/mile SCT \$850 Wait time \$55/hour Mileage \$12.25/mile	Yes
10. The financial information of the applicant to ensure financial ability to provide and continue to provide service to the area. Such financial information shall include copies of the applicant's past two (2) Medicare audits if any. Privately held entities must provide copies of the past three (3) years of audited financial statements of the company and its parent company or holding company, if any. Government entities must provide the past three (3) years Comprehensive Annual Financial Reports via hard copy, or electronically. For purposes of this application, a parent company or holding company shall mean any person, corporation or company holding, owning or in control of more than ten (10) percent stock or	Financial report for 2020 not audited Operations report for March 2021 No Medicare audits.	No – audited financial statements are a requirement of the ordinance.



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Rapid Response Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
financial interest of another person, corporation or company.		
11. Except for current COPCN holders a summary history of applicant's emergency services performance record, which provides proof that at the time of application, the applicant has demonstrated experience providing ALS or BLS services. Experience providing ALS or BLS services must include experience proving the full continuum of patient care from call initiation, during patient transport and through to final patient transfer to hospital or other final destination. This is not a personal reference for the agency but how the agency had provided ALS or BLS services in the past.	Began operations on 2/19/19 RRMT provided a letter explaining how they staff their ambulances and what their protocol is from arrival on scene to transporting the patient to their destination. No history of emergency services provided and did not list experience providing ALS or BLS services.	No – summary history of applicant's ALS or BLS emergency services is a requirement of the ordinance.
12. Disclosure of litigation involving patient care, for the past six (6) years which resulted in a judgement, award, or finding in favor of a patient or the complaining party, including case number, nature of the claim and allegations, and a copy of final judgment or award. The administrator may request additional information regarding the litigation.	No litigation reported for past 6 years.	Yes
13. Proof of satisfactory completion of all federal, state, and/or local agency vehicle and staff inspections for the last six (6) years including copies of all deficiency reports. Current COPCN Holders need not provide vehicle and staff inspections performed by the	Provided inspection records - Passed with no deficiencies	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Rapid Response Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
Palm Beach County Office of EMS (except deficiencies reports).		
14. Records substantiating the implementation of a formal quality assurance system consistent with Florida Statute Section 401.265 and Rule 64J-1.004(3b), Florida Administrative Code, as may be amended.	Response has no substance and does not serve as a record of compliance with Statute and Florida Administrative Code.	No – formal quality assurance system is a requirement of the ordinance.
15. Records substantiating that as a Primary or Secondary COPCN applicant has an Emergency Medical Dispatch (EMD) program or an agreement for appropriated EMS service consistent with Section 768.1335, Florida Statutes, titles “The Emergency Medical Services Dispatch Act”, as may be amended.	<p>There were no records provided to demonstrate an EMD program or agreement. RRMT provided a two sentence statement noting they use First Net as their means of communication. They state they have a dispatch center that is fully staffed and operates 24/7 but provide no records as evidence supporting a dispatch center.</p> <p>The response lacks substance and does not serve as a record of applicant having an EMD program or compliance with Statute.</p>	No – EMD program or agreement for appropriated EMS service is a requirement of the ordinance.
16. A memorandum of understanding for radio communications that is executed between the applicant and Palm Beach County. (Facilities Development and Operations Dept.)	<p>Provided an email from Mark Broderick, PBC Business & Community Agreements Manager that an MOU between the PBC and RRMT is in the works. (MOUs will not be sent to the BCC for approval until the Provider is approved by the BCC per MB)</p>	No – If awarded COPCN, will proceed with meeting requirements
17. The applicant must provide a certified letter from the COPCN holder’s Chief Executive Operating Office or Fire Chief that the applicant has met all applicable federal, state and local requirements pertaining to the delivery of EMS	<p>Provided a letter from Steve Portnov, Chief of Operations, certifying that RRMT is in full compliance with all applicable Federal, State and local requirements for the delivery of EMS</p>	Yes
Applicant’s Management Plan. Provide information on how the following business functions will be conducted and managed:	<p>Section ‘a’ of the plan noted what type of training personnel are required to take but did not address how the training program would be managed.</p>	No



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Rapid Response Ambulance - Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
a) Employee and Driver training programs b) Complaint handling system c) System for handling accidents and/or injuries d) Vehicle maintenance system	Section 'b' stated the all complaints are considered confidential and would be investigated by senior management but failed to demonstrate how the complaint management system is conducted and managed. Section 'c and d' provided an overview of the handling of accidents and vehicle maintenance.	
Minimum of three (3) letters of reference (to include one hospital) sealed and attached to application package.	Provided 3 reference letters from Hendry Regional Medical Center 1) doctor 2) nurse at Hendry Regional Med Center 3) CEO of Hendry Regional Medical Center (sealed envelopes)	Yes
Benchmark Response Times. Provide data for previous six months of transports (Form A).	Provided what looks like their dispatch log which notes run times and also appears to have patient names. Applicant failed to complete Form A as a requirement of the application.	No
A non-refundable application fee in the amount of five-hundred dollars (\$500.00) made payable to: "Palm Beach County Board of County Commissioners."	Provided a payment of \$500.00	Yes

Certificate of Public Convenience and Necessity

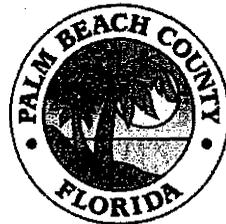
Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Atlantic/Palm Beach Ambulance, Inc. d/b/a American Medical Response (AMR) to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and

WHEREAS, said agency has applied to provide these services; and

WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County Code, Chapter 13, Article II, EMS Ordinance as amended, the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from July 1, 2021 through June 30, 2027.

In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state regulations and will provide emergency medical services on a twenty-four hour basis and provide the level of service endorsed as follows:



Area(s): All of Palm Beach County

Service Endorsed: Secondary ALS Transports Services and ALS/BLS Inter-facility Transport Services



Stephanie Sepreka
Director, Public Safety Department



Mayor, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Healthcare District of Palm Beach County Ground Transportation Division (HCDPBC) to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and

WHEREAS, said agency has applied to provide these services; and

WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County Code, Chapter 13, Article II, EMS Ordinance as amended, the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from July 1, 2021 through June 30, 2027.

In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state regulations and will provide emergency medical services on a twenty-four hour basis and provide the level of service endorsed as follows:



Area(s): Limited to HCDPBC patients needing transports from Lakeside Medical Center to other HCDPBC facilities and specialized treatment centers and HCDPBC patients needing transports to and from the JFK North Addiction Stabilization Unit within Palm Beach County



Service Endorsed: Secondary ALS Transports Services and ALS/BLS Inter-facility Transport Services

Stephanie S. Pickett
Director, Public Safety Department



Mayor, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for MCT Express, Inc. d/b/a All County Ambulance to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and

WHEREAS, said agency has applied to provide these services; and

WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County Code, Chapter 13, Article II, EMS Ordinance as amended, the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from July 1, 2021 through June 30, 2027.

In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state regulations and will provide emergency medical services on a twenty-four hour basis and provide the level of service endorsed as follows:



Area(s): All of Palm Beach County

Service Endorsed: Secondary ALS Transports Services and ALS/BLS Inter-facility Transport Services



Stephanie Smith
Director, Public Safety Department



Mayor, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Medics Ambulance Service, Inc. to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and

WHEREAS, said agency has applied to provide these services; and

WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County Code, Chapter 13, Article II, EMS Ordinance as amended, the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from July 1, 2021 through June 30, 2027.

In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state regulations and will provide emergency medical services on a twenty-four hour basis and provide the level of service endorsed as follows:



Area(s): All of Palm Beach County

Service Endorsed: Secondary ALS Transports Services and ALS/BLS Inter-facility Transport Services



Stephanie Sequeira
Director, Public Safety Department



Mayor, Board of County Commissioners